



2010 ACLS NEW

Registration Information
AHA ACLS New Course

This form is for your reference; please DO NOT submit it with your completed registration form. Thank you.

To Register:

1. Registration is considered complete only upon receipt of a completed registration form, all attachments, AND a manager's signature authorizing billing.
2. Attach a copy of your current AHA BLS provider card.
3. Complete the attached registration form and send to:
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
4. You will receive a confirmation within 48 after we receive your completed registration form.

How to Prepare for your Course:

1. Obtain a book from your nurse manager or educator for your unit.
2. Complete the pre-course checklist and bring the checklist with you to the course.
3. Understand the 10 Core Cases in the ACLS Provider Manual
4. Understand the ACLS algorithms for the Core Cases in the ACLS Provider Manual
5. Complete the ACLS Self-Assessment Tests on ACLS ECGs and Pharmacology (on the ACLS Student CD)
6. ****NOTE** – The ACLS Provider course does not teach algorithms, ECG, or pharmacology information. If you do not understand the ECG and pharmacology information in the pre-course assessment test, it is possible that you will not successfully complete the ACLS Provider course.

Cancellation Policy:

1. Cancellations or reschedule requests must be received 48 hours prior to your scheduled class:
Phone: 804-553-0460
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
2. If you fail to show or notify us of a change for a registered session, HCA will be charged the full participation fee.

Course Location:

All courses will be held at Health Educators unless otherwise noted.



2010 ACLS NEW

Registration Form
HCA Employees

Audience: Healthcare providers with current knowledge in BLS/CPR and the ability to read cardiac rhythms.

Text: (required) ACLS Student Provider Manual & CD, book code: 80-1088

Course Dates: Attach a copy of your current AHA BLS card.

1st choice _____

2nd choice _____

- | | | | |
|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Jan 5 (Tu) & Jan 7 (Th) | Mar 23 (Tu) & Mar 30 (Tu) | June 7 (Mon) & June 8 (Tu) | Sep 28 (Tu) & Sep 30 (Th) |
| Jan 11 (Mon) & Jan 18 (Mon) | Apr 16 (Fri) & Apr 17 (Sat) | July 6 (Tu) & July 7 (Wed) | Oct 5 (Tu) & Oct 7 (Th) |
| Feb 5 (Fri) & Feb 6 (Sat) | Apr 22 (Th) & Apr 29 (Th) | July 29 (Th) & July 30 (Fri) | Oct 11 (Mon) & Oct 18 (Mon) |
| Feb 10 (Wed) & Feb 17 (Wed) | May 5 (Wed) & May 12 (Wed) | Aug 3 (Tu) & Aug 5 (Th) | Oct 15 (Fri) & Oct 23 (Sat) |
| Feb 16 (Tu) & Feb 23 (Tu) | May 17 (Mon) & May 19 (Wed) | Aug 13 (Fri) & Aug 20 (Fri) | Nov 9 (Tu) & Nov 16 (Tu) |
| Mar 8 (Mon) & Mar 10 (Wed) | May 25 (Tu) & May 27 (Th) | Aug 23 (Mon) & Aug 24 (Tu) | Nov 19 (Fri) & Nov 20 (Sat) |
| Mar 19 (Fri) & Mar 20 (Sat) | June 4 (Fri) & June 12 (Sat) | Sep 9 (Th) & Sep 10 (Fri) | Dec 1 (Wed) & Dec 3 (Fri) |
| | | | Dec 9 (Th) & Dec 16 (Th) |

Course Hours: 9 a.m. to 5 p.m.

Location: Health Educators, Inc.

Participant:

PLEASE
PRINT

First Name MI Last Name

Street Address

City State Zip

() () ()
Home Phone Work Phone Cell Phone

Email

HDH-Forest HDH-Parham CJW-Chip CJW-JW JRMC Retreat Tuckahoe Surg Ctr Hanover Outpt
Hospital (choose one)

MD PA RN RT LPN Medic Other: _____
Job Title (choose one)

3-4 User ID Cost Center Department

Nurse Manager or Directors Information:

Nurse Manager's Name (Please Print) Nurse Manager's Signature

Nurse Manager's Phone Number Nurse Manager's Email

Cancellation: If you fail to show or notify us of a change for a registered session, HCA will be charged the full participation fee.

Confirmation will be emailed to you within 48 hours - if you do NOT receive a confirmation please call our office

Phone: (804) 553-0460 • Fax: (804) 553-0463 • Email: info@healtheducatorsinc.com • Website: www.healtheducatorsinc.com

For office use only:

ACLS _____ BK _____ DB _____ EM _____ HEI ID _____