



2010 ACLS RENEWAL

Registration Information
AHA ACLS Renewal 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. Attach a copy of your current AHA ACLS provider card.
4. Complete the attached registration form and send to:
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
5. You will receive a confirmation within 48 hours 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 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 RENEWAL

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 ACLS and AHA BLS cards. Please select your two choices.

1 st choice _____			2 nd choice _____			
Jan 9 (Sat)	Mar 6 (Sat)	May 1 (Sat)	July 10 (Sat)	Aug 31 (Tues)	Oct 27 (Wed)	Dec 17 (Fri)
Jan 15 (Fri)	Mar 12 (Fri)	May 4 (Tu)	July 16 (Fri)	Sept 11 (Sat)	Nov 5 (Fri)	
Jan 21 (Th)	Mar 18 (Th)	May 7 (Fri)	July 22 (Th)	Sept 17 (Fri)	Nov 6 (Sat)	
Jan 27 (Wed)	Mar 24 (Wed)	May 20 (Th)	July 27 (Tu)	Sept 23 (Th)	Nov 8 (Mon)	
Feb 12 (Fri)	Apr 9 (Fri)	June 18 (Fri)	Aug 6 (Fri)	Sept 29 (Wed)	Nov 18 (Th)	
Feb 18 (Th)	Apr 15 (Th)	June 24 (Th)	Aug 9 (Mon)	Oct 14 (Th)	Dec 2 (Th)	
Feb 24 (Wed)	Apr 21 (Wed)	June 30 (Wed)	Aug 19 (Th)	Oct 22 (Fri)	Dec 6 (Mon)	

Course Hours: 9 a.m. to 4 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 _____