

Wooster Community Hospital
American Heart Association Class Registration
ACLS

Name: _____ email: _____ Emp. Clock #: _____
 Manager: _____ Department.: _____ Bloomington WCH Contracted

To register, please complete this form and mail to Russ Leonardi (AHA Office). Registration closes two weeks prior to the class or when class is full.

- Plan to attend your ACLS class on a day which you are not scheduled to work. Nurse Exec has decided that staff will attend AHA classes in addition to their normal work agreement. You will be paid for the time you attend class. Please discuss any scheduling concerns with your manager.
- The scheduled class time will be noted on your work schedule in KRONOS. The Training Center Coordinator will notify your manager and nursing office if you do not attend the class or you withdraw within 2 weeks prior to the class date. You may, at your manager’s discretion, receive an attendance incident for not attending a class for which you have registered.

Schedule early! An email will be sent to you confirming your registration.

You are responsible to notify your manager and the Scheduling Office of the class date/time you are registered to attend. If you have any questions, please call ext. 8139.

Please choose the CLASS and DATE you will attend:

____ **ACLS/BLS COMBINED UPDATE CLASS** – This class is offered to ACLS card holders that have **current ACLS and BLS** cards. If your cards are expired by less than 30 days, you may take this renewal class, as WCH offers a 30-day grace period. If your card has expired by more than 30 DAYS you will need to take the ACLS Initial Provider course. Class times are 0800-1630. Registration begins at 0745. A BLS and ACLS book will both be sent via interoffice mail.

	January 31, 2019
	February 27, 2019
	April 24, 2019
	May 17, 2019
	June 13, 2019

	July 16, 2019
	August 14, 2019
	October 23, 2019
	November 20, 2019

____ **ACLS INITIAL CLASS – 2 DAY COURSE** - This class is intended for first time students or students with expired cards. Student must have a current BLS card. Class time: day one (0800-1635) & day two (0800-1200).

	March 19 & 20, 2019
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	September 12 & 13, 2019
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By signing below (or checking the box for email forms), I authorize Wooster Community Hospital to deduct the cost of the *ACLS Provider Manual* (\$39) from my pay if I do not return it the day of the class and/or \$132 for the access key, if required for a class, that I do not complete in the required timeframe.

I agree to the terms stated above.

Employee Signature: _____ Date: _____