The Neonatal Resuscitation Program is based on the American Academy of Pediatrics (AAP) and American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care of the Neonate. The NRP course format requires learners to study the material from the *Textbook of Neonatal Resuscitation, 6th Edition*, and take an online examination before attending the NRP skills session. Candidates must be health-care providers (medical, nursing, paramedical allied health professionals) whose daily occupations demand proficiency in neonatal delivery room resuscitation.

**Online examination**

Upon registration, detailed instructions to access the NRP online examination will be emailed to course participants. The online examination will be assigned to students by the Training Center.

The NRP online examination must be taken no more than 30 days prior to skill session. If the online exam is completed more than 30 days before skills session, the examination is invalid and course participant must pay to take it again. Once the online testing is started, it must be completed within 14 days.

**Prequisites and preparation**

The following must be completed to prepare for the course:

- Review lessons 1-9 in your textbook.
- Review and understand the information on the student DVD.
- Complete the lesson review questions for lessons 1-9 and turn in pre-study packet day of course.
- Take and pass the online examination no more than 30 days prior to skills session.

BRING YOUR ONLINE EXAM CERTIFICATE OF COMPLETION TO YOUR SKILLS SESSION

<table>
<thead>
<tr>
<th>Skill Sessions at Holmes Regional Medical Center, 8:30a-12:30p</th>
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<tbody>
<tr>
<td>July 6, 2016</td>
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<td>Max 10 students per session</td>
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<tr>
<th>Skills Sessions at the Health First Training Center, 8 –11am</th>
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<tbody>
<tr>
<td>April 18, 2016</td>
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**Pre-registration and Payment Required**

Health First (Covered Unit*) Associate Fee: $25.00

Covered Units are: Providers working in Neonatal Care, Mother/Baby Labor/Delivery areas and First Flight.

Health First (non-covered Unit) Associate Fee: $60.00

Wuesthoff Health System Employee Fee: $65.00

Public Fee: $80.00

Registration: *Please see reverse side of this flyer for registration information.*

**Course Text:** Prior to the course, participants must read the *Textbook of Neonatal Resuscitation, 6th Edition*, and pass the NRP online examination. Library copies may be available in your home unit. Textbooks can be ordered at the AAP Online Bookstore at [www.aap.org/bookstore](http://www.aap.org/bookstore).

**Location:** Health First Training Center, located in Rivercrest Professional Center - 3470 N. Harbor City Blvd. (US1), Melbourne, FL 32935 (Located on US Hwy. 1 between Post Road and Parkway Blvd.)

**Contact Information:**

Phone: (321) 434 -1960  
Email: training@health-first.org

Fax: (321) 254 - 0795  
Inter-Office Mail: Training Center, Rivercrest
Name: | Professional License #: \\
---|---
Mailing Address: | City: | State: \\
(Required) E-mail Address: | Contact Phone: (____) _______ - ________

Health First Associates Universal ID (Required) #:Course Card Exp Date

Non-Associates (Required): Birth Month ___ ___ Birth Day ___ ___ Last 4 digits of SSN ___ ___ ___ ___

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<tr>
<th>Course Name(s) and/or Textbooks</th>
<th>Course Date(s)</th>
<th>Fee</th>
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Payment options are as follows and payment must be submitted with this registration form:

Select One (X) | Description | Amount Due |
---|---|---|
Cash, Check or Money Order (Made Payable to HF Training Center) | | |
Credit Card (MC, Visa, Discover): | # ___________________________ Exp. Date: ___________________________ |

Health First Associates Only-Payroll Deduction:
I authorize Health First to deduct over ___One ____Two ____Three pay periods until the amount indicated is paid in full.

Cost Center Transfer: (not available for CPR or ACLS)
Manager Signature: ___________________________
Cost Center #:_______- __________- ________

Send form with payment to:
Health First Training Center
3470 N. Harbor City Blvd., Melbourne, FL 32935
E-mail address: training@health-first.org
Phone: (321) 434-1960 Fax: (321) 254-0795

By signing this registration form, I acknowledge that if I cancel my registration, I must do so 48 hours prior to the program start time. Failure to cancel will result in the loss of my registration fee. Unless stated otherwise on program flyer a $10 administrative fee will be charged for all refunds.

**Health First Associates:**
- If the registration fee is being paid by my department and I fail to cancel 48 hours prior to the program, I acknowledge that I will become responsible for the registration fee which will be deducted from my paycheck.
- If there is no fee to attend the program, failure to cancel will result in a $10 charge which will automatically be deducted from my paycheck.

**NOTE: Exceptions for verifiable emergencies will be made on a case by case basis.**

I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued PL.

Signature (Required) Date

Office Use Only: GL Account #050 600002 6400 54 - HFCFLI
Authorized by: Date: