

NRP 2012

Neonatal Resuscitation Program

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 course. Learners attend an interactive course that includes little or no lecture about textbook contents, uses course time for skills stations and supervised practice, and uses simulation and debriefing as an important part of the learning experience. Candidates must be health-care providers (medical, nursing, paramedical allied health professionals) whose daily occupations demand proficiency in neonatal delivery room resuscitation.

<p>Online examination Upon registration, detailed directions to access the NRP online examination will be sent to course participants. The online examination will be assigned to students by the Training Center.</p> <p>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 skill 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.</p>	<p>Prerequisites and preparation The following must be completed to prepare for the course:</p> <ul style="list-style-type: none"> ❖ 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 course.
<p>Bring the certificate of completion the day of skill testing.</p>	

Skill Simulation Testing Dates

All Sessions are 8:00 a.m.-11:00 a.m.

“X” Please Select a Skill Session	“X” Please Select a Skill Session
Wednesday, April 18th	Monday, September 17th
Monday, May 21st	Wednesday, October 24th
Wednesday, June 13th	Monday, November 5th
Monday, July 9th	Monday, December 3rd
Monday, August 6th	

**All Skills Sessions are held at: Health First Training Center

Course Fee: **Pre-registration and Payment Required**

Health First (Covered Unit*) Associate Fee: Free 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

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, for lessons 1 through 9. Library copies may be available in your home unit, and are available for purchase at the Training Center. The cost of the NRP 6th ed. Textbook is \$60.00

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

Contact: Barbara Couch, Education Coordinator

Phone: (321) 434.1972

barbara.couch@health-first.org

Fax: (321) 254.0795

Inter-Office Mail: Training Center, Rivercrest



TRAINING CENTER Registration Form

Name:	
Mailing Address:	City: State:
E-mail Address:	Professional License #:
Work/Dept.Phone:	Cell/Home Phone:
Health First Associates Universal ID (Required) # _____	
Non-Associates Birth Month ____ Birth Day ____ Last 4 digits of SSN ____	
Required (information used for databasing purposes only):	

Course Name(s) and/or Textbooks	Course Date(s)	Fee

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 and payment to Barbara Couch: Mailing Address: Health First Training Center 3470 N. Harbor City Blvd. Melbourne, FL 32935 E-mail address: barbara.couch@health-first.org Phone: (321) 434.1972 Fax: (321) 254.0795
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By signing this form, I agree my registration fee will be forfeited if I fail to cancel my registration within 48 hours of the start time of the course. A \$10.00 fee will be charged to process all refunds.

If I elected Payroll deduction, 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. Additionally, if this course is of no cost to me, and I fail to cancel within 48 hours as noted above, a \$10.00 fee will be deducted from my paycheck.

Signature (Required) _____ Date _____

Office Use Only:
 Authorized by: _____ Date: _____

GL Account #050 600001 6405 52 - Training Center