

Online Basic Dysrhythmia 2012

PROGRAM DESCRIPTION and OBJECTIVES

Learn: Rhythm Adult is an online, self-directed course that introduces healthcare providers to normal cardiac rhythms and prepares them to recognize basic cardiac arrhythmias in clinical practice.

This course features a combination of audio, animation, interactive activities, and self-assessment portions. The course is self-paced and is completed entirely online. This course assists healthcare providers improve their skill in ECG rhythm recognition, which is a key skill required to successfully determine a patient's condition, know which algorithm to apply, and provide better patient treatment.

At the conclusion, participants should be able to:

- Summarize basic anatomy of the heart;
- Identify components of the cardiac cycle, Identify correct electrode placement; Calculate heart rates
- Recognize normal sinus mechanism; Differentiate arrhythmia from NSR; Sinus Bradycardia; Sinus Tachycardia
- Recognize premature beats: PAC, PJC, PVC
- Recognize core arrest arrhythmias
- Recognize core periarrest arrhythmias
- Describe and distinguish between the heart blocks

Target Audience	Healthcare professionals and telemetry staff who need basic rhythm recognition skills; Students preparing for ACLS, such as paramedics/EMTs, nurses, physicians, clinical pharmacists, and respiratory therapists; Learn: Rhythm Adult is a continuing education activity
Cost	Health First Associate Fee: \$50.00 Public Fee: \$60.00 Pre-registration and Payment Required
Registration & Confirmation	See reverse side of flyer, www.health-first.org/training (Forms) or Inside Health First>Education>Center for Learning>Training Center>Registration Form <i>Registered students will receive e-mail confirmation of their enrollment, which contains their individual online program "access key" and instructions.</i>
Address	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) 434.1972 barbara.couch@health-first.org Fax: (321) 254.0795 Inter-Office Mail: Training Center, Rivercrest
Cancellation	By signing this form I acknowledge that my registration fee is forfeited immediately upon issue of the "online" access key.
Contact Hours	Please visit www.health-first.org/training or Inside Health First>Education>Center for Learning>Training Center for Online Dysrhythmia Course for CME/CE Credit Information



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: _____

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