

FEES:

\$60 for skills session for **“Non QHS employees, New Hires within 1st 90 days, Flyers, or “Community”** (purchase the HeartCode BLS e-Learning program at the web site on your own)

\$30 for skills sessions for **QMC Employees not required or employees who work less than part time quarterly hours** (purchase the HeartCode BLS e-Learning program at the web site on your own)

Return the completed registration form with payment to:

Clinical Education
The Queen’s Medical Center
1301 Punchbowl Street
Honolulu, HI 96813

REFUND POLICY:

- ♥ \$30 processing fee for cancellations
- ♥ No refunds for cancellations received less than 72 hours prior to class
- ♥ \$30 processing fee for rescheduling
- ♥ No refunds for no shows

*Seating is limited. Payment must be received with registration; No refund for “no-shows”; No PO’s.

***PLEASE CONTACT THE CLINICAL EDUCATION OFFICE FOR CLASS AVAILABILITY PRIOR TO SUBMITTING FORM / PAYMENT.**

REGISTRATION:

Open enrollment is on a first come, first served basis, upon receipt of payment. Class size is limited.

For more information, please contact The Queen’s Medical Center, Clinical Education Department at cpr@queens.org or 691-4731.

LOCATION:

All classes are held on The Queen’s Medical Center campus. Maps provided with your confirmation letter.



The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

HeartCode BLS

Blended-Learning Course: Computer-Based Training with Instructor-Led Skills Practice and Testing



JAN to JUNE 2017

Sponsored by:



**THE QUEEN'S
MEDICAL CENTER**

Clinical Education



STEP 1: GENERAL INFORMATION

Name _____

QMC EE# (If applicable): _____

RT Nurse
 MD Other: _____

Address _____

City / Zip Code _____

Main Phone _____ Work Phone _____

Institution/Agency _____ Department/Specialty _____

E-mail Address _____

STEP 2: PAYMENT INFORMATION

Fee for Heartcode BLS skills sessions:

- \$60 "Non QHS employees, New Hires within 1st 90 days, Flyers, or "Community"
- \$30 QHS Employees not required or employees who work less than part time quarterly hours

Check payable to:

The Queen's Medical Center: Chk# _____

Credit Card

(Circle one): VISA MC AMEX DISC

Cardholder's Name (As appears on card) _____

Card Number _____

Card's Billing Address (If different from above) _____

\$

Exp. Date _____ CVN# _____ Total Amount _____

Signature _____

SCHEDULE: JAN – DEC 2017

STEP 3: SELECT A DATE

- | | |
|--|--|
| <input type="checkbox"/> 1/6/17 | <input type="checkbox"/> 4/7/17 |
| <input type="checkbox"/> 1/13/17 | <input type="checkbox"/> 4/11/17* |
| <input type="checkbox"/> 1/19/17* | <input type="checkbox"/> 4/17/17 |
| <input type="checkbox"/> 1/24/17* | <input type="checkbox"/> 4/18/17* |
| <input type="checkbox"/> 1/25/17* | <input type="checkbox"/> 4/25/17 |
| <input type="checkbox"/> 2/7/17* | <input type="checkbox"/> 5/2/17* |
| <input type="checkbox"/> 2/9/17* | <input type="checkbox"/> 5/5/17 |
| <input type="checkbox"/> 2/10/17 | <input type="checkbox"/> 5/10/17* |
| <input type="checkbox"/> 2/13/17 | <input type="checkbox"/> 5/12/17 |
| <input type="checkbox"/> 2/21/17* | <input type="checkbox"/> 5/15/17* |
| <input type="checkbox"/> 2/24/17 | <input type="checkbox"/> 5/19/17 |
| <input type="checkbox"/> 3/3/17 | <input type="checkbox"/> 5/23/17* |
| <input type="checkbox"/> 3/7/17* | <input type="checkbox"/> 5/25/17* |
| <input type="checkbox"/> 3/9/17* | <input type="checkbox"/> 6/2/17 |
| <input type="checkbox"/> 3/17/17 | <input type="checkbox"/> 6/6/17* |
| <input type="checkbox"/> 3/21/17* | <input type="checkbox"/> 6/8/17* |
| <input type="checkbox"/> 3/23/17* | <input type="checkbox"/> 6/20/17* |
| <input type="checkbox"/> 4/4/17* | <input type="checkbox"/> 6/22/17* |
| <input type="checkbox"/> 4/6/17* | <input type="checkbox"/> 6/30/17 |

STEP 4: SELECT A TIME

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 0730-0930 | <input type="checkbox"/> 1115-1315 |
| <input type="checkbox"/> 0845-1045 | <input type="checkbox"/> 1245-1445* |
| <input type="checkbox"/> 1000-1200 | |

NOTE: Only dates that are **BOLDED** and have an * include a 1245-1445 session.

NOTE COMBINING CLASSES:

If you are signing up for **HeartCode ACLS** or **Heartcode PALS**, you may combine your **Heartcode BLS** with one of those skills sessions instead of doing BLS separately.

STEP 5: SUBMIT FORM/PAYMENT

Send completed registration form to:

The Queen's Medical Center
Clinical Education
1301 Punchbowl Street
Honolulu, HI 96813

Ph: (808) 691-4731; Fax : (808) 691-7763 (OK for CC payments)

Email: cpr@queens.org

Note that courses start on time. Come early.

COURSE DESCRIPTION:

Heartcode BLS uses the latest eSimulation technology to enable students to assess and treat patients in virtual healthcare settings. Utilizing a variety of eLearning assets such as dramatizations, eSimulations, animations, self-directed learning, and interactive activities, this course teaches BLS knowledge and skills.

Once the cognitive portion of the course has been completed, students practice and test their skills with an AHA instructors.

COURSE PREREQUISITES:

- ✓ Current BLS-HCP certification
- ✓ Completion of HeartCode BLS e-Learning Program
- ✓ BRING YOUR HEARTCODE BLS COMPLETION CERTIFICATE TO THE SKILLS SESSION

COURSE MATERIALS:

Students must complete the e-Learning program "HeartCode® BLS" and bring the certificate of completion to class.

CONTINUING EDUCATION CREDIT:

The online programs offers up to 1.75 hour(s) of CME/CE/CEH credits.

*We are an American Heart Association Training Center and will NOT honor certificates from any other program.

WARNING*:
...avoid copycat web sites
Use only
<http://www.onlineaha.org>

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