

# ACLS FULL CERTIFICATION

This form and classes are for employees whose job requires this certification.

## PREREQUISITES

- Knowledge of cardiac rhythms, ACLS treatment algorithms, and ACLS core pharmacology
- Current BLS Provider course completion card
- Complete pretest prior to class [www.heart.org/eccstudent](http://www.heart.org/eccstudent) | Passcode: acls15 | 84% or better is required

## REQUIREMENTS

1. *Send the following items to:* PHCS Community Education, 731 Alexander Road, Suite 103, Princeton, NJ 08540
  - \_\_\_ Completed employee registration form.
  - \_\_\_ Copy of current BLS Provider course completion card.
  - \_\_\_ **\$25 check.** This fee is required to reserve your seat but WILL BE REFUNDED if you attend the class or cancel within 24 hours.
2. *Obtain a copy of the 2015 ACLS Provider Manual required by AHA*
  - \_\_\_ **Purchase for \$40.** Provide a separate check. Pick up book at above address, (Mon. - Fri., 9am - 4pm), before your class date.
  - \_\_\_ **Borrow.** A copy can be borrowed from Nursing Administration.

\*Checks are payable to Princeton HealthCare System\*

## IMPORTANT INFO

- Participants who are more than 15 minutes late will need to reschedule for another ACLS course held by PHCS.
- Participants must postpone CPR training if you are known to be in the active stages of an infectious disease, have reason to believe you were exposed to an infectious disease, or have dermatologic lesions on your hands, mouth or circumoral area.

## SCHEDULE

3. *Choose a class date:*

**Time** 9 a.m. - 5 p.m.

**Location** Community Education & Outreach at 731 Alexander Road, Suite 103, Princeton, NJ 08540

- |  |  |
|--|--|
| <input type="checkbox"/> THU. & FRI. January 19 & 20 | <input type="checkbox"/> THU. & FRI. July 20 & 21      |
| <input type="checkbox"/> MON. & TUE. March 13 & 14   | <input type="checkbox"/> THU. & FRI. September 14 & 15 |
| <input type="checkbox"/> TUE. & WED. May 16 & 17     | <input type="checkbox"/> WED. & THU. November 29 & 30  |

## REGISTRATION INFORMATION

4. *Complete all fields below:*

NAME: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

DEPARTMENT : \_\_\_\_\_ UNIT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## CONTACT US

1.888.897.8979 | [communityeducation@princetonhcs.org](mailto:communityeducation@princetonhcs.org) | [www.princetonhcs.org](http://www.princetonhcs.org)

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. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

