



INTENT TO COMPLETE COURSE

HRMC Employees: Complete this form if you plan to take a class listed on the HRMC Education Calendar and wish for HRMC to pay for the course. HRMC will pay for courses that are required by your job description **and have not expired**. Please check with your manager: subject to manager approval. Class sizes are limited... please plan ahead and register in-advance of renewal or due date.

Non-Employees Including Registry/Agency staff must self-pay.

First & Last Name: _____

Department: _____

Course Name: BLS Class _____

BLS Online (LifeTalent) _____

ACLS w/BLS Class _____

ACLS Online (LifeTalent) _____

PALS Class _____

PALS Online (LifeTalent) _____

EKG Class _____

IV Therapy Class _____

Preceptor Class _____

PEDs Cross Training _____

**** AHA online courses require hands on skills testing, available in Education Department twice per month. (If you have expired, or fail to complete the skills testing for an on-line class PRIOR to the last class of the month, you must find your own class or certified AHA skills tester to complete the requirement (at your own expense))**

Date of course I plan to attend: _____

Current expiration date of this certification: _____

Please refer to the Education Calendar or Flyers for date/time/location of courses. If attending an ACLS or PALS class for renewal only, you may select to attend 2nd day only. For online courses, write "online" and see notice below.

IMPORTANT NOTICE:

1. I understand that completion of this form indicates my intent to attend the above class, that this course is required of me per my job description, and that the course will be paid for by my employer, HRMC (registry/agency staff must self-pay). Books are the responsibility of the employee.

2. *Online Renewal: I understand that I may renew BLS, ACLS, and/or PALS online (computerized) by completing/signing and sending this form to the Education Office fax below. I understand that the course is internet based and that I have adequate computer skills and can work independently.

➤ *Not to be used as an initial course, certain restrictions apply, manager must approve.

➤ *Please allow 7 business days from submission of this INTENT form for course key to be issued (sent to your work e-mail).

3. Since spaces are limited in these classes and payment (as shown above in parenthesis) will be made in advance by employer for my spot: **I understand that failure to attend, without prior notification (48 hrs minimum) to the Education Dept. (ext. 6481 or 453-0481) will result in my acceptance of payment responsibility for this class. In which case: my signature on this form authorizes a payroll deduction in the amount paid by HRMC for said course.**

Electronic Signature: _____

Date: _____

To Register:

Fax this completed/signed form to 6487 or 453-0487 (external line)

or e-mail to patricia.kinley@lpnt.net

NOTES: Organization dress code applies when attending hospital sponsored education events.

Do NOT wait until the month of expiration to register and take a course.