# 2019 Advanced Cardiac Life Support Courses

*The Austen Simulation Center for Safety & Reliability*
*47 N. Main St.*
*Akron, Ohio 44308*

Akron Children's Hospital utilizes the HeartCode ACLS Part 1 as part of our ACLS Program. HeartCode ACLS provides computer-based simulations to "virtually assess and formulate treatment for patients. HeartCode Part 1 is pre-course work and must be completed by the student before attending a skill challenge session. This course is for students taking the course for the first time or those needing a refresher course. When students attend the hands-on skills testing session, they will run a MegaCode scenario and test off in Bag-Mask Ventilation and CPR.

**Course Requirements for Successful Completion**:

1. Register for a Skills Challenge Session – You **must** be registered in order to attend the session. You will receive a confirmation email.
2. Complete HeartCode ACLS Part 1– Go to www.onlineaha.org and complete the ACLS Heartcode (#15-1407) for $132.00. Once completed, print and bring the completion certificate with you to the skills session registered for.
3. Attend Skill Challenge Session – You must bring Part 1 Completion Certificate with you to the skills session
4. Complete Final Evaluation – Receive completion card (same day of course)

**Cancellations**: All cancellations must be received by email to melrod@akronchildrens.org **no later than 3 business days** before your scheduled skills session. If your cancellation is not received in time, you will not receive a refund.

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**Registration Form**

| ***Student Information*** | |
|---|---|
| *Name:* | |
| *Email Address:* | |
| *Phone Number:* | |
| | |
| ***Course Selection and Fees:*** | *Skills Session Only* — *$50* ☐ |

| ***Skill Sessions (Please select one date/time)*** | |
|---|---|
| ***2019 Dates*** | ***PM (1pm-5pm)*** |
| *February 14* | ☐ |
| *March 26* | ☐ |
| *April 3* | ☐ |
| *May 8* | ☐ |
| *June 5* | ☐ |
| *July 16* | ☐ |
| *August 14* | ☐ |
| *September 10* | ☐ |
| *October 10* | ☐ |
| *November 6* | ☐ |
| | ☐ |
| *Youngstown –Mahoning Valley Sessions* | |
| *February 28* | ☐ |
| *May 16* | ☐ |
| *August 7* | ☐ |
| *November 7* | ☐ |

***Please fill out and mail form and payment to:***

*Akron Children's Hospital*
*The Austen Simulation Center*
*Attn: Melissa Elrod*
*47 N. Main St.*
*Akron, Ohio 44308*

***Payment Information***

| | |
|---|---|
| ***Check #:*** | |
| ***Check Amount:*** | |
| | |
| ***Bill Course To:*** *(must be a company)* | |
| *Company Name:* | |
| *Billing Contact Name:* | |
| *Address:* | |
| *City, State, Zip:* | |

Print form

| ***For Office Use Only*** | |
|---|---|
| *Date Registration Rec'd:* | |
| *Date Email Confirmation/Course Sent:* | |