

Holy Cross Hospital
Book Agreement

****PLEASE READ CAREFULLY, COMPLETE, AND SIGN IN THE SPACE PROVIDED IF YOU ARE IN AGREEMENT****

COURSE MATERIALS

<u>ACLS</u>	<u>PALS</u>	<u>BLS</u>	<u>NRP</u>
1 Book 1 CD 1 Pamphlet- Bradycardia Algorithm 1 Pamphlet-Precourse Preparation Checklist 1 Pamphlet-Acute Coronary Syndromes Algorithm	1 Book 1 CD 1 Pamphlet-Precourse Preparation Checklist 1 Pamphlet-Vital Signs in Children 1 Course Guide	1 Book 1 CD	1 Book 1 CD
Total Cost: \$28.50	\$35.00	\$11.00	\$50.00

I have received the course materials as outlined above for the ACLS / PALS / BLS / NRP Course scheduled to be held on _____. I agree and understand that the course materials (all together and in good condition) must be returned in the Learning Center ***no later than ONE day after the Course Date.***

I agree and understand that if there are any damages (i.e. damaged CD, tears, missing pages, writing) to the course materials; the full total amount for those course materials as outlined in the chart above will be deducted from my paycheck.

I further agree and understand that if the course materials (in their entirety) are not returned to the Learning Center in good condition by ***ONE day after the Course Date,*** the full total amount for the course materials as outlined in the above chart will be deducted from my paycheck.

Associate's Name (*Please Print*): _____

Associate Signature: _____ Date: _____

4-digit Associate Number: _____ Book #: _____

Telephone Number: _____ Work Extension: _____

9-digit Department Number with **5-digit sub-account number** that fees will be credited to:

017107103

61605

Coordinator: Darlene Titus, RN | P(954) 958-4826
Learning Center | P(954) 776-3267 | F(954) 958-4897