

Holy Cross Hospital  
Course Agreement

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

REGISTRATION DEPOSIT

A 48-hour notice is required for any cancellations or re-scheduling of course attendance. **If attendance is terminated or re-scheduled less than 48 hours in advance, or if the associate fails to attend the course for which he/she is registered, a registration deposit will be deducted from the associate's paycheck.** The registration deposit is outlined as follows:

ACLS (T): \$100      ACLS (RT): \$65  
PALS (T): \$100      PALS (RT): \$65  
HeartSaver / BLS: \$15

I agree and understand that I have registered for the (circle one) ACLS / PALS / BLS / HeartSaver course to be held on \_\_\_\_\_ and that the total amount of \$\_\_\_\_\_ will be deducted from my paycheck if I fail to attend the above mentioned course or if I cancel or re-schedule without a 48-hour notice, as per the policy.

Associate's Name (*Please Print*): \_\_\_\_\_

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-digit Associate Number: \_\_\_\_\_

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