



HealthStream Guidelines for BLS, ACLS and PALS

1. Online course meets the requirements for the initial certification or renewal.
2. Please note that AtlantiCare pays for one certification every two years if required for your current position as listed on your job description. Once the course is assigned to you in HealthStream and you open it, regardless of whether you complete it, if you then decide to take a live class with the training center, you will be charged for that one. Same goes for if you request the wrong course and start it. Check with your manager if you are unsure. **You must complete both portions of the course to receive the certification BEFORE your due date. Please complete your skills verification in the same month your certification expires and not beforehand.**
3. The Online American Heart Association Course you are requesting to be assigned to you in HealthStream requires an Online portion to be completed along with a live skills check. Once you complete the Online modules please schedule your skills verification by logging into Enrollware, our Online calender for classes and skills verification. Please choose Skills Verification for BLS,ACLS, PALS or ACLS/BLS combo if completing both skills.
The link is:<https://atlanticare.enrollware.com/calendar>
4. Please submit your Online course request via Fax: 609-484-7333 or Email:LifeSupportTrainingCenter@atlanticare.org. Please allow 48/72 hours to complete HealthStream assignment request. (not including Saturday or Sunday's).
The Life Support Training Center is opened Monday-Friday 8am-4:30pm.

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|---|-------------------------------|-------------------------------|--|--|
| Your Name: | | Clock #: | | |
| Department Cost Center: | | Phone: | | |
| AtlantiCare Email Address: (you must provide this information) | | | | |
| Expiration Date: | | | | |
| Please check all that apply: | | | | |
| <input type="checkbox"/> BLS | <input type="checkbox"/> ACLS | <input type="checkbox"/> PALS | | |

Per AtlantiCare's Essential Work Requirements Policy #3926 your certifications must be completed 15 days prior to expiration.

For Office Use:

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|-------------------------------------|------------------------|----------------|-------------------|
| <input type="checkbox"/> Chargeback | Date Request Received: | Date Assigned: | By Whom Initials: |
| # Dept. _____ | _____ | _____ | _____ |