**CPR and ACLS Certification/Recertification for Intrastaff (IS) Temporary Employees**

1. **Requirements**
	1. The IS employee, who is required by a facility job description, to hold a current BLS or ACLS certification card, can obtain their certification from any facility that provides **the American Heart Association sponsored course, BLS for HealthCare Professional** (with AED)

 **NO OTHER SPONSORS OR TYPE OF CPR TRAINING WILL BE ACCEPTED.**

* 1. **A copy of the current BLS or ACLS card must be on file at the Intrastaff Office or employees will not be able to work. After obtaining or renewing BLS/ACLS, employee must email or fax a copy of both sides of the certification card to:** **Intrastaff@jhmi.edu** **or fax to 410-847-3659.**
	2. RNs, Patient Care Technicians (PCTs), and Allied Health employees can obtain renewal by taking the JHH online class followed by classroom hands-on skills assessment.
	3. CNAs/sitters must take entire course as classroom course**.**
1. **Scheduling BLS/ALS Training**
	1. IS employees can obtain approved training by contacting and scheduling through the JHH CPR Office at:
		1. **cproffice@jhmi.edu or 410-955-9343.**
2. **Fees**
	1. Fee payments are the responsibility of the IS employee and paid directly to the CPR office.
		1. BLS - $40.00
		2. ACLS – new certification - $285
		3. ACLS – recertification - $260
	2. Intrastaff will reimburse employees, who have worked at least 1040 hours (average of 20 hrs/week) during the previous 12 months according to the following guidelines
		1. BLS - $40.00
		2. ACLS/PALS/NRP - $135.00
	3. To receive reimbursement for BLS or ALS, the IS employee must submit the Request for Reimbursement of BLS/ALS form to their respective scheduling coordinator within 1 month of obtaining or renewing their certification.



**Intrastaff@jhmi.edu**

**Fax: 410-847-3659**

**Request for Reimbursement of BLS/ALS Course Fee**

**Intrastaff**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Course** | **Date Completed** | **Intrastaff Approval Signature** |
| **BLS** |  |  |
| **ALS** |  |  |
| **Other (Specify)** |  |  |

**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **IS Payroll Only**12 month period reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of hours worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Must be at least 1040 hrs in last 12 months)Approved for Reimbursement by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) |