**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**](mailto: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**](mailto:Intrastaff@jhmi.edu)

**Fax: 410-847-3659**

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

**Intrastaff**

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

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

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

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

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

|  |
| --- |
| **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) |