

## Direct Enrollment Service – for Residents

Residents can now enroll in required AHA life support courses using the Center for Prehospital Care's Direct Enrollment Service. This service enables residents to browse available course dates and request enrollment in your preferred course(s). Your program coordinator will review the request and approve it by email.

### Enrollment process

The enrollment process for all courses consists of five steps. The requestor completes the first four:

1. Enter resident information – name, phone, unit, etc.
2. Select a program. (BLS Recertification, ACLS, etc.)
3. Select a date.
4. Review the enrollment request, and submit it for approval.

Once the request for a specific course date is submitted, the request is emailed to the unit's approver(s) for review. A copy is also emailed to the resident. At that point, a departmental approver reviews the request:

5. Manager approves or declines enrollment request. Upon approval, the resident is enrolled in the course.

### BLS Part 1: Online course access & completion

Within one business day of a completed **BLS** enrollment, UCLA CPC will email the resident a unique access code enabling them to complete the online portion of the course. **The online portion must be completed prior to attending the skills certification session, and should require 1-2 hours to complete.** Please print and bring the completion certificate from your online course to your skills certification appointment.

To ensure sufficient time for approval, and to receive the access code and complete the online portion of the course, please do not select a skills certification session less than 48 hours away.

### BLS Part 2: Skills certification

The date and time you select when requesting enrollment are for the BLS skills certification. These sessions are closely scheduled, so please be sure to arrive early enough to begin on time.

### Step 1: Enter resident information

First, click to the Direct Enrollment Service, at <http://www.cpc.mednet.ucla.edu/srrs/direct/>. Review the criteria shown, and click the blue Begin Enrollment button to start.

Whether you are completing this form for your own enrollment, or are a manager completing it for one of your staff, all the items on this form refer to the resident who will be enrolled. All fields are required.

1. **First and last name**
2. **Work/department phone:** Wherever we can best reach you during working hours.
3. **UCLA Employee ID:** Nine digits, found on your employee badge.
4. **Email address:** The best email address for us to send your enrollment information and any updates.
5. **Unit:** Residents should scroll through the list to find the units labeled "**Resident – [Department name]**" in order to see the courses available to residents.

The screenshot shows the 'Begin Enrollment Request' form. The fields are as follows:

Please complete the information below and select your department:	
First Name:	Last Name:
Josephine	Bruin
Work/Department Phone:	UCLA Employee ID:
310-555-1212	123456789
Email Address:	
josephine.bruin@mednet.ucla.edu	
Retype email address to confirm:	
josephine.bruin@mednet.ucla.edu	
Resident- Adult Psychiatry	
<a href="#">View Available Courses</a>	

## Step 2: Select Program

Choose the program/certification for which you are enrolling, and then click the blue *Next* button to proceed and select a course date.

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**Direct Enrollment Service**

**Select Program**

Please select the program in which you would like to enroll, and click Next to view available dates:

- ☐ BLS Retraining - UCLA Healthcare
- ☐ UCLA Healthcare PALS
- ☐ UCLA Healthcare ACLS
- ☐ PALS Retraining UCLA Healthcare
- ☐ ACLS Retraining UCLA Healthcare

[<< Previous: Student Information](#) [Next: Select Course Date >>](#)

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## Step 3: Select Course

Choose the specific date you would like, and click the blue *Next* button to proceed. If a course is full, you will not be able to select that date.

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**Select a Date for PALS Retraining UCLA Healthcare**

Please review the course information below and select a date to continue. You can review your enrollment request on the next page before submitting your request.

**Program Description**  
PALS - If your card has expired you will not be eligible to take the recertification course.

**Required Materials**  
PALS Manual not included. You can purchase the PALS Manual in our office for \$54.75

**Special Instructions**  
AHA strongly promotes knowledge & proficiency in BLS, ACLS, & PALS & has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by AHA. Any fees charged for this course, except for a portion of fees needed for AHA course material, do not represent income to AHA.

Course No.	Date(s)	Day(s)	Time	Location	Room	Seats*
100908153-A1	SEP 8, 2010	Wed	8am - 4pm	1000 Veteran Ave	A6-60	<span style="background-color: green; color: white;">Full</span>
101006153-A1	OCT 6, 2010	Wed	8am - 4pm	1000 Veteran Ave	A6-60	<span style="background-color: green; color: white;">Full</span>
101110153-A1	NOV 10, 2010	Wed	8am - 4pm	1000 Veteran Ave	A6-60	<span style="background-color: green; color: white;">Full</span>

\* Seats are filled on a first-come, first-served basis as enrollment requests are approved by unit directors or other authorized managers. Therefore, it is possible for a class to fill after you place your enrollment request but before your unit director approves your enrollment request.

[<< Previous: Select Program](#) [Next: Review Enrollment Request >>](#)

## Step 4: Review & Confirm

Once you have selected a course date, you will see a complete listing of your enrollment request. Please review it for accuracy, and click the blue *Finish* button to submit it. You will see a message confirming your request, and a copy of the information will be emailed to you.

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**Direct Enrollment Service**

**Review Enrollment Request**

Please review your enrollment request below. Click the Finish button if the details are correct.

Student Information		Course Information	
Name: Joe Bruin	Employee ID: 111111110	Course name: PALS Retraining UCLA Healthcare	Course number: 100908153-A1
Email: jmaccurdy@mednet.ucla.edu	Phone: 310-825-4321	Day(s): Wed	Date(s): SEP 8, 2010
CPC Student ID: 0	Unit: I/P Nursing Float-Float Pool	Time: 8am - 4pm	Location: 1000 Veteran Ave
CPC Unit ID: A06042		Room: A6-60	

**Authorized Managers**  
Once this enrollment request is submitted, one of these managers must approve the request before a seat is reserved:

Name	Phone	Email
Mary Horan	310-267	<a href="mailto:mary.horan@mednet.ucla.edu">mary.horan@mednet.ucla.edu</a>
Lisa Remy	310-267	<a href="mailto:lisa.remy@mednet.ucla.edu">lisa.remy@mednet.ucla.edu</a>

[<< Previous: Select Course Date](#) [Finish: Confirm Request](#)

## Step 5: Unit manager completes request

When a request is submitted, the request is emailed to each of the authorized managers listed on the request confirmation. Any of these managers can approve the request.

Enrollment request: Joe Bruin (PALS Retraining UCLA Healthcare-100908153-A1) - Message (HTML)

This message was sent with High importance.

From: [Redacted]  
To: [Redacted]  
Cc: [Redacted]  
Subject: Enrollment request: Joe Bruin (PALS Retraining UCLA Healthcare-100908153-A1)

We have received the enrollment request below. Enrollment requests are processed in the order they are approved by an authorized manager, such as yourself. Please click the [Take Action](#) link to approve or decline this request.

Student Information		Course Information	
Name: Joe Bruin	Employee ID: 111111110	Course name: PALS Retraining UCLA Healthcare	Course number: 100908153-A1
Email: jmaccurdy@mednet.ucla.edu	Phone: 310-825-4321	Day(s): Wed	Date(s): SEP 8, 2010
CPC Student ID: A24654	Unit: I/P Nursing Float-Float Pool	Time: 8am - 4pm	Location: 1000 Veteran Ave
CPC Unit ID: A06042		Room: A6-60	

**Authorized Managers**  
Once this enrollment request is submitted, one of these managers must approve the request before a seat is reserved:

Name	Phone	Email
Mary Horan	310-267	<a href="mailto:mary.horan@mednet.ucla.edu">mary.horan@mednet.ucla.edu</a>
Lisa Remy	310-267	<a href="mailto:lisa.remy@mednet.ucla.edu">lisa.remy@mednet.ucla.edu</a>

[Take Action](#)

**The request must be approved by an authorized manager before a seat in the class is reserved.** The manager(s) who can approve the request are listed at the bottom of the confirmation page and email.

## Please note two important items:

- Submitting the request (step 4 above) **does not** reserve a seat in the class. Seats are reserved on a first-come, first-served basis as enrollment requests are **approved**.
- Once a manager approves an enrollment request, **the enrollment is complete**. The resident is now filling a seat in the class. If you need to change or cancel the enrollment, please email us at [cpc@mednet.ucla.edu](mailto:cpc@mednet.ucla.edu) so we can assist you with changing the enrollment and make that seat available to another resident.