

ACLS Registration Form

Name: _____

Title: _____

Address: _____

City: _____

State/Zip: _____

Home/Cell Phone: _____

E-Mail Address _____

Employer/Department: _____

- Provider Course – \$125
- April 19 & 20, 2012
 - September 12 & 13, 2012

- Renewal Course – \$75
- April 18, 2012
 - September 20, 2012

- Yes, I need an ACLS textbook \$35
- No, I don't need a textbook.

ECC Handbook can be purchased for \$25

Total Enclosed \$ _____

Make Checks Payable to:
Perry Memorial Hospital
Mail to: Perry Memorial Hospital
Attn: Marcia Hartwig, RN
530 Park Avenue East
Princeton, IL 61356

PROVIDER AGENDA

Day 1: 8am – 4pm

Monitoring & Dysrhythmia
Recognition
Cardiovascular Pharmacology
Mega Code and Resuscitation Team
Concept
Modular Stations:

- Respiratory Arrest with Pulse
- Pulse less Arrest VF/ VT
- Tachydysrhythmia, Stable & Unstable
- Asystole / Bradycardia / PEA

Stroke
Acute Coronary Syndrome

Day 2 8am – 12pm

MEGA CODE Evaluation
Written Test

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.

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~ ACLS ~ *ADVANCED CARDIAC LIFE SUPPORT*

PROVIDER COURSE

*April 19th & 20th, 2012
September 12th & 13th, 2012*

RENEWAL COURSE

*April 18, 2012
OR
September 20, 2012
5:00 – 9:00 PM*

Co-Sponsored by:
The American Heart Association
And Perry Memorial Hospital

COURSE DESCRIPTION:

The intent of the ACLS Provider Course is to disseminate the standards of the American Heart Association by imparting the knowledge and providing an opportunity to develop the psychomotor skills necessary to apply this knowledge.

One of the objectives of the American Heart Association regarding emergency cardiac care is to ensure that all persons involved in the delivery of such care have the opportunity to demonstrate their proficiency to themselves and others. This will enhance the overall quality of CPR and emergency cardiac care and the confidence of those providing it. The material will be presented through the use of lecture, modular teaching groups and skill stations.

WHO SHOULD ATTEND?

This course is primarily directed toward Physicians, Nurses, Respiratory Therapists, and Emergency Medical Personnel who desire recognition in the ACLS Provider Course or who have successfully completed the provider course and desire renewal as an ACLS Provider.

ADMISSION REQUIREMENTS:

Renewals must submit a copy of their current ACLS card with registration.

Anyone not currently working in a critical care area must first take a basic EKG course.

The ACLS provider card is current for 2 years. To remain active, you must successfully complete a renewal course every 2 years.

Continuing Education:

CE credit will be given to all EMS providers. Number of hours are based on which course is taken.

LOCATION:

This course will be held on the 4th floor of the Medical Office Building at Perry Memorial Hospital.

COURSE CO-DIRECTORS:

- * Ketan R. Patel, M.D., Medical Director
- * Jan Pistole, RN, ACLS Course Director

REGISTRATION:

Enrollment is limited to 20 students for the Provider Course. The Provider Course registration fee is \$125.00 and the Renewal Course registration fee is \$75.00. The fees include course materials, lunch, breaks and provider card. If you wish to purchase a book, please include an extra \$35. ACLS Emergency Cardiovascular Care Handbook is available for purchase for \$25.

Registration fees must be submitted with the enclosed registration form. Registration must be received at least two weeks prior to the course.

Consider your registration confirmed upon receipt of course materials and other information. A refund of all but \$25 will be given if cancellation notice is received prior to mailing course materials. **No refunds will be made for cancellations after mailing of materials. Please send a check or money order payable to Perry Memorial Hospital and mail it along with the registration form (and a copy of PALS card if recertifying) to:**

Marcia Hartwig, RN
Perry Memorial Hospital
530 Park Avenue East
Princeton, IL 61356