

COURSE DESCRIPTION

This course is designed to enhance the skills of the healthcare professional in the management of cardio-pulmonary arrest or other cardiovascular emergencies. Information is provided through instructional DVDs and case-based clinical scenarios in learning stations. Prerequisites: Basic EKG interpretation skills. Please bring a copy of the pre-course self assessment test and a copy of a current BLS Healthcare Provider card. Participants must have a current BLS Healthcare Provider card in order to attend class.



OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637

Advanced Cardiac Life Support 2014

ACLS Registration Form

July 16, 2014

or

October 18, 2014

8am - 5pm



OBJECTIVES

Successful participants will be able to demonstrate the ability to utilize the recommendations of the AHA's current ACLS guidelines.

COMPLETION REQUIREMENTS

Receipt of the Advanced Cardiac Life Support Provider card requires the participant to successfully complete all AHA performance workshops adhering to AHA guidelines. Course participants unable to complete the course schedule in the time frames specified may be asked to complete the course at another date or location.

Please arrive on time!

COURSE LOCATION

OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637
For additional information,
call 309-624-3101.

REGISTRATION INFORMATION

Registration deadline is two weeks prior to class date.

- Pre-course materials will be mailed prior to course. Contact The PAEMS Office if you have not received the pre-course packet at least 2 weeks prior to class.
- **Mail to:** Dale Tippett

OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637

A copy of your current BLS card must accompany the registration form.

BOOKS

You **MUST** have a student textbook/handbook to complete pre-course requirements, including the pre-test.

- I have my own book. I am enclosing payment to cover the cost of the course only. (Deduct \$60.00)

COURSE FEE

Provider Course - \$180.00
(payment includes ACLS Provider Manual)

Renewal Course - \$140.00
(payment includes ACLS Provider Manual)

Must have current ACLS card

REGISTRATION FORM

PLEASE PRINT LEGIBLY!

Name: _____

Credentials: MD RN EMT Other__

Telephone: (H) _____

(C) _____

Address: _____

City: _____ State: __ Zip: _____

E-mail Address: _____

Check (Payable to PAEMS Office)

Master Card Visa Discover

Account Number _____

Exp. Date _____

Signature _____

Registration will not be accepted without signature & payment.

Registrant Signature

Date

Please Check

Wednesday, July 16, 2014
8:00am – 5:00pm

Saturday October 18, 2014
8:00am – 5:00pm

New

I have taken an EKG course and/or am confident with basic arrhythmia interpretation

Renewal