

Pediatric Advanced Life Support (PALS) Provider Renewal

This 1-day program was developed by the American Heart Association (AHA) to assist PALS providers in remaining current in PALS. Individuals who possess a current PALS card are eligible to renew through this 1-day program. This course meets all requirements as set forth by the AHA. *Any fees collected for this course do not represent income for the American Heart Association.*

Dates	Days	Times	Registration encouraged by
September 22, 2010	Wednesday	8:00 AM – 5:00 PM	September 15, 2010

Location: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

- Prerequisites:**
- This course does not teach CPR skills, interpretation of rhythm strips, or basic PALS pharmacology. Before taking the course students must be proficient in the following:
 - Performing CPR skills using the 2005 AHA Guidelines for CPR and ECC
 - Reading and interpreting basic ECG rhythm strips
 - Knowledge of basic PALS pharmacology
 - Evaluating a seriously ill or injured child using a systematic approach to pediatric assessment outlined in the PALS provider Manual
 - Complete the self-assessment CD-based test on the PALS student CD
 - Submit copy of professional license or certification as a nurse, physician, EMT-P, EMT-I or other healthcare professional with registration
 - Submit copy of current PALS Provider card
 - Internet access

Tuition: \$80.00 (\$25 fee will be assessed for all retesting)

Text: **Required:** *PALS Provider Manual & PALS Course Guide*, available at the Arapahoe Community College bookstore

Education Credit: 8 continuing education units

Registration: Registration encouraged by date listed above to reserve your space. Send your registration form, prerequisite documentation, and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment and prerequisites must be enclosed with registration to confirm a seat in the class.

Cancellation: Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

Pediatric Advanced Life Support (PALS) Provider Renewal Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.
Address	City	State
Home Phone	Cell Phone	HealthONE EMS Membership #
Work Phone	Email	Last 4 SSN
Agency		

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #	Exp. Date	/
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Cardholder Name	Signature	
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We must have your expiration date and signature to accept payment with a credit card. Amount Enclosed \$

Check Money Order Cash PO#

How did you hear about this course?

Agency
 Web page
 Flyer
 Catalog
 Other