

IV Approval

North Suburban Medical Center's EMS Department offers the IV Approval course. Students certified as EMTs in the State of Colorado are permitted to perform intravenous insertion under medical direction following successful completion of the course. The class includes 24 hours of the theory of fluid therapy and practical training and 10 hours in-hospital clinical experience.

Dates	Days	Times	Registration encouraged by
Jan 23, 25, 30, Feb 1 & 4	Mondays, Wednesdays & Saturday	6:00 PM – 10:00 PM (M, W) 8:00 AM – 5:00 PM (Sat)	January 16, 2012
March 19, 21, 26, 28 & 31	Mondays, Wednesdays & Saturday	6:00 PM – 10:00 PM (M, W) 8:00 AM – 5:00 PM (Sat)	March 12, 2012
April 30, May 2, 7, 9 & 12	Mondays, Wednesdays & Saturday	6:00 PM – 10:00 PM (M, W) 8:00 AM – 5:00 PM (Sat)	April 23, 2012
June 18, 20, 25, 27 & 30	Mondays, Wednesdays & Saturday	6:00 PM – 10:00 PM (M, W) 8:00 AM – 5:00 PM (Sat)	June 11, 2012
October 15, 17, 22, 24 & 27	Mondays, Wednesdays & Saturday	6:00 PM – 10:00 PM (M, W) 8:00 AM – 5:00 PM (Sat)	October 8, 2012

Location: North Suburban Medical Center, EMS Department, 9141 Grant Street B-35, Thornton, CO 80229

Prerequisites: Submit proof of **Colorado EMT certification**, MMR, Varicella, Hep B series, and TB skin test (<1 year)

Tuition: \$175.00

Deposit: \$50.00

Cancellation: 48 hours notice is required to cancel the course. If not, the \$50.00 deposit is **NON-refundable**.

Text: Text loan provided upon first day of class.

Education Credit: 24 continuing education units

Registration: Registration encouraged by the date listed above to reserve your space. Send your registration form and prerequisite documentation to: North Suburban Medical Center, EMS Department, 9191 Grant Street, Thornton, CO 80229

-----Fax or Clip and Mail-----

IV Therapy

PLEASE COMPLETE ALL SECTIONS

Class Date:	Agency:
Name:	CO EMT ID #:
Home Address:	
City, State, Zip:	
Phone (H):	Phone (C):
E-mail:	

Credit Card information:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express |

Name on card: _____ Amount: _____

Card #: _____ Expires: _____

Make checks payable to:
NSMC