

Prehospital Trauma Life Support (PHTLS) Provider

The PHTLS Provider course is an intensive 16-hour experience. It is available to all levels of prehospital care providers and programs are typically attended by emergency first responders (fire, police, search and rescue, etc.), EMTs, paramedics, nurses (including: industrial based occupational health nurses), physicians, and physician assistants.

The course is scenario-based, with lectures and interactive skills station components meant to enhance the prehospital care provider's knowledge, and further develop the critical thinking skills required to effectively treat the trauma patient in the field.

Dates	Days	Times	Registration encouraged by
March 14 & 15, 2012	Wednesday & Thursday	7:30 AM – 4:30 PM	March 7, 2012
June 5 & 6, 2012	Tuesday & Wednesday	8:00 AM – 5:00 PM	May 29, 2012
September 12 & 13, 2012	Wednesday & Thursday	7:30 AM – 4:30 PM	September 5, 2012
October 17 & 18, 2012	Wednesday & Thursday	8:00 AM – 5:00 PM	October 10, 2012

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

Prerequisites:

- Submit copy of professional license or certification as a physician, nurse, Paramedic or EMT with registration
- Internet access

Tuition: \$180.00

Text: **Required:** *PHTLS Provider Manual*, available at the Arapahoe Community College bookstore

Education Credit: 16 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-----

Prehospital Trauma Life Support (PHTLS) Provider Registration Form

Dates you would like to register for:

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

Money Order Cash PO#