

Paramedic Assist Skills for the EMT

This 8 hour course is designed to help the EMT assist the ALS provider in setting-up for those critical calls. Attention will be given to a review of 12-lead EKG placement, becoming familiar with the 12-lead cardiac monitor and its functions, advanced airway equipment and set up, introduction to various drug delivery methods, and ALS medications. This course is perfect for the newer EMT who will be working with ALS providers. This course is not intended to certify or authorize EMTs to provide ALS-level care.

| Dates | Days | Times | Registration encouraged by |
|-------------------|--------------------|-------------------|----------------------------|
| March 5, 2012 | Monday | 8:00 AM – 5:00 PM | February 27, 2012 |
| May 14 & 16, 2012 | Monday & Wednesday | 1:00 PM – 5:00 PM | May 7, 2012 |
| August 10, 2012 | Friday | 8:00 AM – 5:00 PM | August 3, 2012 |
| December 17, 2012 | Monday | 8:00 AM – 5:00 PM | December 10, 2012 |

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

Prerequisites:

- Submit copy of EMT certification with registration
- Internet access

Tuition: \$80.00

Text: None

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-----

Paramedic Assist Skills for the EMT Registration Form

Dates you would like to register for:

| | | | | |
|---|-------------------------------|------------------------------|-----------------|------|
| Last Name | | First Name | | M.I. |
| Address | | City | State | Zip |
| 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 | / |
| Cardholder Name | Signature | | | |
| We must have your expiration date and signature to accept payment with a credit card. | | | Amount Enclosed | \$ |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> Cash | <input type="checkbox"/> PO# | | |