

Registration Form PALS Provider Course 2019

Please PRINT Clearly

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (H) _____

(W) _____

(C) _____

E-mail _____

(Mandatory-confirmations will be sent via email)

License/Certification: _____

(Ex. MD, RN, LPN, EMT-I, EMT-P, etc.)

Enclosed is my check for: \$ _____

To Bill Employer:

Employer: _____

Billing Address: _____

Be sure to mail:

1. Completed Registration Form
2. Copy of 2015 Guidelines **current**
[American Heart Association](#) CPR Card
(Front/Back)
3. Make Checks Payable To:
Mary Washington Hospital
Attn: AHA Training Center
2301 Fall Hill Avenue Suite 102
Fredericksburg, Virginia 22401

Office: (540) 741-1585

Fax: (540) 741-1163

Hours: M- F (8:00am - 4:30pm)

Payment: Cash, Check or Credit Card

Please check the course date you will attend:

- Saturday/Sunday – January 12 & 13, 2019
- Saturday/Sunday – February 23 & 24, 2019
- Saturday/Sunday – March 23 & 24, 2019
- Saturday/Sunday – April 13 & 14, 2019
- Saturday/Sunday – May 4 & 5, 2019
- Saturday/Sunday – June 22 & 23, 2019
- Saturday/Sunday – August 24 & 25, 2019
- Saturday/Sunday - September 21 & 22, 2019
- Saturday/Sunday – October 5 & 6, 2019
- Saturday/Sunday – November 23 & 24, 2019
- Saturday/Sunday – December 7 & 8, 2019

Registration Fees:

\$275 Physicians, Nurses, Dentists
(**not** MWHC Associates)

\$190 Rescue Personnel
(**outside** REMS Council)

\$150 Rescue personnel
(**inside** REMS Council)

FOR OFFICE USE ONLY

Date Received _____

Current BLS Expiration _____

Payment Received _____

Materials Mailed/Received/Confirmed _____

Date Billed _____

Note:

Registrations are taken on a first-come, first-serve basis. Maximum class size is 15. Registration forms that are complete with payment and appropriate documentation will be processed first. Confirmation letters will be mailed based on availability of the requested course date.

Cancellations:

Tuition will be refunded less the cost of materials and a \$25 processing fee if notice is received within 30 days prior to the course date. If canceling less than 2 weeks prior to the course date, no refund will be given.



Mary Washington Healthcare

2019 PALS PROVIDER COURSE

(Pediatric Advanced Life Support)

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Course Coordinators:

Mary Ashley Young
Mary Washington Healthcare
Training Center Coordinator
540-741-2679

Prerequisites

1. You must have a **current** American Heart Association BLS for Healthcare Provider CPR card.
2. You must have working knowledge of cardiac arrhythmias and code drugs.
3. Must be a EMT-I level or above

Schedule

Day 1

0730-0800 Registration

0800-1630 Skills/Learning Sessions

Day 2

0800-1630 Skill/Learning Sessions and Testing

Please notify MHS AHA Training Center prior to class if you require special accommodations. Every effort will be made to assist students while adhering to AHA guidelines.

Course Goal

The goal of this course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.

Objectives

Successful Participants will be able to:

- ❑ Perform effective, high-quality CPR when appropriate
- ❑ Describe the timely recognition and interventions required to prevent respiratory and cardiac arrest in any pediatric patient
- ❑ Describe the systematic approach to pediatric assessment by using the initial impression, primary and secondary assessments, and diagnostic tests
- ❑ Describe priorities and specific interventions for infants and children with respiratory and/or circulatory emergencies
- ❑ Explain the importance of effective team dynamics, including individual roles and responsibilities, during a pediatric resuscitation
- ❑ Describe the key elements of post resuscitation management

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.