



American Heart Association's
PEDIATRIC ADVANCE LIFE SUPPORT 2017
PALS REGISTRATION FORM



Prerequisites: **Basic EKG interpretation skills. Please bring a copy of the pre-course self assessment test and a copy of a current BLS Healthcare Provider card. Participants must have a current BLS Healthcare Provider CPR card in order to attend class.**

PLEASE PRINT LEGIBLY!

Name: _____ Credentials: Paramedic MD RN Other _____

Telephone: (H) _____ (C): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Agency Affiliation _____

Check (Payable to PAEMS Office)

Master Card Visa Discover Account Number _____ Exp. Date _____

Signature _____

Please check:

- | | | |
|--|-----------------|---|
| <input type="checkbox"/> Wednesday, March 8, 2017 | 8:00AM – 5:00PM | <input type="checkbox"/> New |
| <input type="checkbox"/> Wednesday, July 12, 2017 | 8:00AM – 5:00PM | <input type="checkbox"/> <i>I have taken an EKG course and/or am confident with basic arrhythmia interpretation</i> |
| <input type="checkbox"/> Wednesday, November 8, 2017 | 8:00AM – 5:00PM | <input type="checkbox"/> Renewal Expiration Date: _____ |

Course Fee: Provider Course: \$140.00 PAEMS System Member \$180.00 Non System Member
 Renewal Course: \$110.00 PAEMS System Member \$140.00 Non System Member
 (Payment includes PALS Provider Manual) **Renewals must have a current PALS card**

Please return completed registration form to:
 OSF Saint Francis Medical Center
 PAEMS Office
 304 E. Illinois Ave
 Peoria, Illinois 61603 Phone: (309)624-4638 FAX: (309)655-2090

Course Location:
 PAEMS Office
 304 E. Illinois Ave
 Peoria, Illinois 61603 For additional information, call (309)624-4638

Registration: *Registration deadline is two weeks prior to class date.*
 Pre-course materials will be mailed prior to course. Contact The PAEMS Office if you have not received the pre-course packet at least 2 weeks prior to class.

Books: You MUST have a student textbook/handbook to complete pre-course requirements, including the pre-test.
 I have my own book. I am enclosing payment to cover the cost of the course only. (Deduct \$60.00)

 Registrant Signature Date