1144 Gateway Loop Suite 136 - Springfield, OR 97477 EMT. Associates@Comcast.Net

www.EMTAssoc.com



2019 PALS Provider And Recert Classes By EMT Associates

ASSOCIATES. (541) 844-1328 OR EMT.ASSOCIATES@COMCAST.NET GENERAL OFFICE HOURS ARE MONDAY - FRIDAY 8AM - 3:30 PM

2-Day Provider is for students who need to obtain initial PALS or have an expired PALS card. 1-Day recert is for students who need to renew their PALS before expiration. New 2015 Textbook is REQUIRED. New 2015 Handbook is recommended.

Highlighted Dates Are Weekend Courses 2015 2-Day PALS 1-Day PALS **ACLS/PALS Provider** Recert Handbook is 0800-1700 0800-1700 Recommended 2015 □July 17-18 ☐ January 29-30 January 29 ☐ August 26 Textbook is ☐ August **26-**27 February 16-17 February 16 ☐ September 26 **REQUIRED** ☐ September 26-27 ☐ March 20-21 ☐ March 20 October 26 in class October 26-27 夏 学 型 April 22-23 November 20 April 22 ☐ May 22-23 ☐ November 20-21 December 18 ☐ May 22 ☐ June 22-23 December 18-19 ☐ June 22 July 17 *The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has **PALS Pre Test Required Prior to** developed instructional materials for this purpose. Use of these materials in an educational course does not represent Class with 70% +. course sponsorship by the American Heart Association, and any fees charged for such a course do not represent Income Bring Documentation to Class. *In accordance with the Americans with Disabilities Act, please advise EMT Associates if you have any disability that http://www.heart.org/eccstudent requires special materials and/or services so that appropriate personnel can be advised. **Use Code: PALS15** * No planners or faculty have any relevant information to disclose. Cancellation/Late Registration/No Show Late registration is defined as registration received with less than 5 business days [this includes "drop-ins"]. There is a \$50 fee for all late registrations No Call/No shows and late cancellations/late transfers [less than 5 business days] will be responsible for full payment 3 Ways to Register: 1. Online: www.emtassoc.com 2. Fax: (541) 636-3416 3. Mail: 1144 Gateway Loop, Suite 136 - Springfield, OR 97477 **COURSE DATE(S) YOU WILL ATTEND:** LICENSE # FOR CE CERTIFICATES **RECERT ONLY- LIST CURRENT CARD EXPIRATION(S):** PALS: BLS: Phone: **Last Name:** First Name: Address: Citv: State: Zip E-Mail (REQUIRED FOR PRE-COURSE MATERIALS): PLEASE FILL IN THE BUBBLES TO INDICATE PURCHASE Payment Method: ☐ CREDIT/DEBIT ☐ CHECK ■ PALS 2 DAY PROVIDER COURSE 2019 \$240 PALS 1 DAY RECERTIFICATION COURSE 2019 \$190 Card Number: __ _ _ _ - __ - __ _ ☐ ADD ON BLS (Complete online, bring cert) \$40 Expiration Date ____/ ___ Security Code: _____ ☐ PALS TEXTBOOK (REQUIRED) \$55 Billing Zip Code ___ __ __ □ PALS HANDBOOK (RECOMMENDED) \$40 Signature: CONTINUING EDUCATION CERTIFICATE \$20 \$5 SHIPPING FEE \$0 * WILL CALL * \$50 Registration less than 5 business days to course start and "drop-ins" LATE REGISTRATION FEE ** TO PICK UP MATERIALS PLEASE ARRANGE A TIME WITH EMT