# JANUARY – JUNE (2018) COURSE SCHEDULE

(SEE OTHER SIDE FOR DESCRIPTION OF COURSES AND REQUIREMENTS)

## ACLS

<table>
<thead>
<tr>
<th>ACLS PROVIDER COURSE: (2 day course 8am - 4pm both days) COURSE FEE: $310.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 9 &amp; 16 (Fri. &amp; Fri.);  May 7 &amp; 14 (Mon. &amp; Mon.)</td>
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<table>
<thead>
<tr>
<th>ACLS RECERTIFICATION COURSE: (1 day course 8am - 4pm) COURSE FEE: $185.00</th>
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</thead>
<tbody>
<tr>
<td>Jan. 8 (Mon.);  Jan. 25 (Thurs.);  Feb. 5 (Mon.);  Feb. 26 (Mon.);  Mar. 5 (Mon.);  Mar. 15 (Thurs.);  Mar. 26 (Mon.);  Apr. 3 (Tues.);  Apr. 27 (Fri.);  Apr. 30 (Mon.);  May 11 (Fri.);  May 21 (Mon.);  Jun. 4 (Mon.);  Jun. 15 (Fri.)</td>
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## PALS

<table>
<thead>
<tr>
<th>PALS PROVIDER COURSE: (2 day course 8am - 4pm both days) COURSE FEE: $310.00</th>
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</thead>
<tbody>
<tr>
<td>Jan. 11 &amp; 18 (Thurs. &amp; Thurs.);  Apr. 5 &amp; 12 (Thurs. &amp; Thurs.)</td>
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<tr>
<th>PALS RECERTIFICATION COURSE: (1 day course 8am - 4pm) COURSE FEE: $185.00</th>
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</thead>
<tbody>
<tr>
<td>Feb. 1 (Thurs.);  Feb. 15 (Thurs.);  Mar. 8 (Thurs.);  Mar. 22 (Thurs.);  May 3 (Thurs.);  May 17 (Thurs.);  Jun. 14 (Thurs.)</td>
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</tbody>
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**BLS for Healthcare Providers recertification is now available on the same day as ACLS and PALS**

If you are registering for an ACLS or PALS [Recertification] class and would also like to recertify in BLS, follow these steps:

- Register for the Healthcare Provider BLS Online program. (Additional fee of $100.00)
- Complete the online program. Print the Completion Certificate
- Make an appointment for a BLS skills check
- Please be advised that scheduling for a BLS Skills Session forfeits your lunch hour

If you are registering for an ACLS or PALS [Initial Provider] class and would also like to recertify in BLS, follow these steps:

- Register for the Healthcare Provider BLS Online program. (Additional fee of $100.00)
- Complete the online program. Print the Completion Certificate.
- Make an appointment for a skills check
- Please be advised that scheduling for a BLS Skills Session forfeits your lunch hour
COURSE DESCRIPTIONS AND REQUIREMENTS

ACLS

ACLS Provider Course: The Advanced Cardiac Life Support Course is designed to provide the knowledge and skills needed to evaluate and manage the first 10 minutes of an adult ventricular fibrillation/ventricular tachycardia (VF/VT arrest).

Required: Current CPR Health Care provider Card. (you must present this with your registration form, in person or copy)

ACLS Re-certification Course: The ACLS Re-certification Course reviews all the material in the ACLS Provider Course.

Audience: Intensive Care or Critical Care Health Care Providers - Physicians, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, EMS personnel

Requirements: Current ACLS Provider Card (you must present this with your registration form, in person or copy) Current CPR Health Care Provider Card (you must present this with your registration form, in person or copy)

PALS

PALS Provider Course: The Pediatric Advance Life Support Course is designed to provide the learner with (1) information needed to recognize infants and children at risk for cardiopulmonary arrest; (2) information and strategies needed to prevent cardiopulmonary arrest in infants and children; and (3) the cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock or cardiopulmonary arrest.

• Information needed to recognize infants and children at risk for cardiopulmonary arrest.
• Information and strategies needed to prevent cardiopulmonary arrest in infants and children.
• The cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock or cardiopulmonary arrest.

Recommended: Current CPR Healthcare Provider Card

PALS Re-certification Course: The PALS Re-certification Course reviews all the material in the PALS provider Course.

Audience: Health Care Providers – Pediatricians, Emergency Physicians, Family Physicians, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, EMS personnel

Requirements: Current PALS Provider Card (you must present this with your registration form, in person or copy) Current CPR Health Care Provider Card (you must present this with your registration form, in person or copy)

ACLS and PALS include a Pre-course Self-Assessment on the Student Website (www.heart.org/eccstudent) required for entry into the course. A score of 70% or higher is necessary to pass and print your report

• Enter the code found at the bottom of page ii in the front of your course manual to access the student supplementary materials for your course; these materials are provided to give you additional information you may find helpful for the course.
• Complete the Pre-course Self-Assessment as many times as needed to achieve a passing score.

(Please fill out the attached Registration Form)
REGISTRATION FORM

The A.H.A. Instructor to Student Ratio must be maintained. Pre-Registration is strongly recommended to ensure confirmation of your participation.

IMPORTANT! PLEASE READ, CANCELLATION AND RESCHEDULING POLICY

Rescheduling:
All requests to reschedule must be made at least 7 DAYS prior to the date of the course. Rescheduling is subject to availability. Only one rescheduling will be allowed. Should you not attend a rescheduled course no refund will be permitted. Rescheduled courses must be completed within one year of the originally scheduled course.

Cancellation:
All requests for cancellation must be made 7 DAYS prior to the date of the course to receive a refund. Cancellations after that will not be eligible for refunds.

If the need arises to cancel or reschedule within 7 days of the course you may contact the Training Division and substitute another student for the course. Only 1 substitution per course per student will be allowed.

Lateness:
Students arriving late will be considered a no show and will not be eligible for a refund or to reschedule.

Refunds:
All refunds are subject to a 10% administrative processing fee. Books must be returned in original wrapping or book price will be deducted from the refund as well.

Name: ________________________________  Address: ______________________________________________________


Phone #: _______________________________  E-Mail Address: ____________________________________________

Hospital (Affiliation / Department): ______________________________________________________________________

Attending / Fellow / Resident / Register Nurse / Other: __________________________________________________

Circle Name of Course: CPR (HCP) / CPR Heartsaver / BLS Skills Session / ACLS / PALS (CLASS or Skills Session)

I will attend the extra 1 hour Heart Saver AED INFANT CPR at no additional cost: ________________________________

Date(s) of Course: __________________________________________________________________________________

I have read and agree to the policy stated above (Signature): __________________________________________________

Please provide a Check or Money Order payable to “NYU School of Medicine”
Credit Card or Departmental IOI’s Accepted

The American Heart Association strongly promotes knowledge and proficiency in BCLS, 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; any fees charged for such a class do not represent income to the association.

OFFICE USE ONLY: Credit Card / Check / Money Order # __________ / Departmental (IOI) ____________ Amount __________