

"PALS" 2012

PEDIATRIC ADVANCED LIFE SUPPORT

A new PALS text was released in October 2011. All participants will be required to purchase and use/bring the new text to all courses(see below for fees including text).

Provider Course (8:00—5:00)

A two day course intended for participants who are attending for the first time.

Highlights:

Overview of PALS Science, Pediatric Assessment, & the Resuscitation Team Concept. Management of Respiratory Emergencies, Rhythm Disturbances /Electrical Therapy, Vascular Access, & Core Case Simulations focusing on Cardiac, Respiratory, & Shock conditions. Upon successful completion participants will receive a PALS card representing a two-year Provider status. Renewal must take place prior to date of expiration.

Prerequisites: Copy of current BLS for Healthcare Providers Card must be submitted with registration form

Fee: \$270 Fee includes required textbook

Provider Course Dates:

February 1-2, 2012

September 12-13, 2012

May 9-10, 2012

November 7-8, 2012

Renewal Course (8:00—4:30)

A one day session for participants who previously completed a Provider Course. Renewal course should be taken prior to expiration date on present PALS Provider card.

Highlights:

PALS & AHA Science Updates, Review of Cardiac, Respiratory & Shock Core Case Scenarios and the Resuscitation Team Concept. Upon successful completion, participants will receive a PALS Provider card representing a two year status.

Prerequisites : Copy of your current (1) PALS Provider card & a current (2)BLS for Healthcare Providers card must be submitted with registration form.

Renewal Fee:

\$210 - includes required text. Course currently requires text published 2011.

\$175 for those who have already purchased their own 2011 PALS text

Renewal Course Dates :

January 5, 2012 August 9, 2012
March 8, 2012 October 11, 2012
April 11, 2012 December 6, 2012
July 12, 2012

Instructor Course (8:00–5:00)

A one day program that details the methods utilized in teaching the PALS Program. Participants are given the opportunity to practice teaching various stations throughout the day. Please email the program coordinator for more details and the Instructor Application Packet : khardingham@umm.edu

Prerequisites: (1)A copy of your current PALS Provider card & BLS for Healthcare Providers card. (2)Successful completion of the AHA Core Instructor Course . (3)Others detailed in application packet.

Fee: \$250

Instructor Course Date : January 25, 2012

ACCREDITATION

Participants completing the course will receive their course completion card along with the following continuing education credits :

NURSES

Provider—13.6 hrs.
(none available for renewal)
American Assoc of Critical Care Nurses

RESPIRATORY THERAPISTS

Provider -10 hrs. Renewal—4 hrs.
American Assoc for Respiratory Care / CRCE Credits

PRE-HOSPITAL

Provider—12 hrs. Renewal—6 hrs.
MIEMSS office of Education & Certification

Program Policies

1. Cancellations received in writing at least 10 days prior to course dates will be issued a refund, less \$30 processing fee.
2. Cancellations received after that date will forfeit their fees. **Transfers to future programs may be made only with the approval of the program coordinator.**
3. **Substitutions may not be made.**
4. We reserve the right to cancel for insufficient enrollment. Registrants would be notified at least two weeks in advance. Transfers and/or refunds will be offered.
5. Course packets/texts are mailed approximately one month prior to the course date.
6. Enrollment is not guaranteed without payment & required documentation. **All registrations must include copy of BLS card. Copy of PALS card also required for Renewal and Instructor courses.**
7. All fees collected are to cover course costs and in no way reflect revenue to the American Heart Association
8. **All participants are required to complete course pre-test and bring print out of completion score sheet to course. You will be refused admittance without this.**
9. **All participants are required to purchase/bring to course the new 2011 PALS text.**
(Text included in Provider fee. See Renewal fees for including text)



2012 PALS Course Application

Name _____ Date _____

Home Address _____
Street City State Zip Code

Email _____ Phone (Cell or H) _____
Communication from office is mostly by email.

Employer _____ Unit/area of employment _____
Job Title : MD DDS DO NP RN RRT EMT-P Other _____
(please circle)

Course you are registering for:

<u>PROVIDER</u>	<u>RENEWAL</u>	<u>INSTRUCTOR</u>
_____ February 1-2	_____ January 5	_____ January 25
_____ May 9-10	_____ March 8	
_____ Sept 12-13	_____ April 11	
_____ Nov 7-8	_____ July 12	
	_____ August 9	
	_____ October 11	
	_____ December 6	

Please make checks payable to : _____ " UMMS / PALS"

Mail completed registration form, required card copies and payment to:
Maryland Cares Program / PALS
University of Maryland Children's Hospital
22 South Greene St. Room PMH04
Baltimore, MD. 21201
Attn: Karen Hardingham

Questions/info: khardingham@umm.edu / 410-328-7532 / 410-328-0681 (fax)

Your registration is not complete without payment, copy of BLS card, & PALS (for Renewal courses) card !!