

EMT Associates 2011 ACLS and Re-Cert Classes

ACLS Classes & **Renewal Day 1**

Day 1 Renewal class with BLS: First day of class –Must show current AHA ACLS Card. New 2010 Manual required: New 2010 Handbook required until new ACLS text is published.

Day 1 & 2 is for students who need to obtain initial ACLS or have an expired ACLS card. The 2 day course teaches assessment, airway management, electrical & drug therapy. New 2010 Manual required. New 2010 Handbook recommended. BLS is included.

Check box for desired class

BLS \$10

\$155.00 Two day initial ACLS Class \$105.00 Day one Renewal

Both Text & Handbook - \$75.00

Text Only - \$45.00

Handbook Only - \$30.00

Day ACLS Classes 08:00 am 05:00 pm	Evening ACLS Classes 04:00 pm – 11:00 pm	Weekend ACLS Classes 08:00 am – 05:00 pm
<input type="checkbox"/> January 19, 20	<input type="checkbox"/> January 27, 28	
<input type="checkbox"/> February 15, 16	<input type="checkbox"/> February 23, 24	
<input type="checkbox"/> March 10, 11	<input type="checkbox"/> March 8, 9	
<input type="checkbox"/> April 11, 12	<input type="checkbox"/> April 20, 21	
<input type="checkbox"/> May 3, 4	<input type="checkbox"/> May 11, 12	<input type="checkbox"/> May 14, 15
<input type="checkbox"/> June 15, 16	<input type="checkbox"/> June 21, 22	
<input type="checkbox"/> July 19, 20	<input type="checkbox"/> July 27, 28	
<input type="checkbox"/> August 22, 23		<input type="checkbox"/> August 27, 28
<input type="checkbox"/> September 19, 20	<input type="checkbox"/> September 28, 29	
<input type="checkbox"/> October 11, 12	<input type="checkbox"/> October 22, 23	
<input type="checkbox"/> November 7, 8	<input type="checkbox"/> November 16, 17	
<input type="checkbox"/> December 1, 2	<input type="checkbox"/> December 6, 7	

**The “Allied Building” Suite 112
1126 Gateway Loop Springfield, Oregon 97477
(Gateway, @ Taco Bell, turn West, go 4 driveways, turn right. Allied Bldg. is brown)**

**Complete the registration information below and mail with your payment to:
EMT Associates 2275 Rocky Lane Eugene OR 97401
541-430-7149 mavemtrn@comcast.net**

Go here for new AHA 2010 Info <http://static.heart.org/eccguidelines/index.html>

Name _____

Address _____

Home Phone _____ Your Pre-Test will be emailed to you
Cell _____

Email _____

Your privacy is important to us. Your personal information and email address will **not** be shared.

Dept & Campus _____ Total Pd _____

Find the new 2010 AHA Guidelines here: <http://static.heart.org/eccguidelines/index.html>

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