

2019 ACLS for OB

Re-Certification Class
by EMT Associates

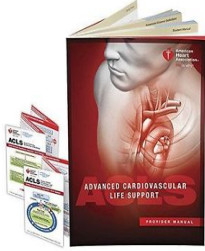


Phone 541.844.1328 Fax 541.636.3416
1144 Gateway Loop Suite 136 - Springfield, OR 97477

EMT.Associates@Comcast.Net
www.EMTAssoc.com

1-Day Recert is for students who need to renew their ACLS before expiration

2015 Textbook
REQUIRED



ACLS Recert for OB Team Members

2015 ACLS/PALS
Handbook
[Recommend]



February 27, 2019

9a - 4p
\$170.00

or

March 06, 2019

3p - 10p
\$170.00

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

In accordance with the Americans with Disabilities Act, please advise EMT Associates if you have any disability that requires special materials and/or services so that appropriate personnel can be advised.

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

Class Location

Gateway Office Plaza – 1144 Gateway Loop, Suite 136 – Springfield, OR 97477

Please fill out the form in full (include a copy of current provider certification), attach to your education request, and submit to your manager.

COURSE DATE(S) YOU WILL ATTEND: March 06, 2019 OB ACLS		RECERT ONLY- LIST CURRENT EXPIRATION(S): CARD ACLS: BLS:		EMPLOYEE ID:	
Last Name:		First Name:		Phone:	
Address:			City:	State:	Zip
E-Mail (REQUIRED FOR PRE-COURSE MATERIALS):					

Materials: *Books can be purchased through EMT Associates*

- OB ACLS RECERT 2019 \$170
- ACLS TEXTBOOK (REQUIRED) \$48
- ACLS/PALS HANDBOOK \$40
- ADD ON BLS \$40
- SHIPPING FEE \$5
- ** WILL CALL \$0

Payment Method:	<input type="checkbox"/> CREDIT/DEBIT	<input type="checkbox"/> CHECK
Card Number:	_____ - _____ - _____ - _____	
Expiration Date	____ / ____	Security Code: _____ Billing Zip Code _____
Signature:	_____	

TOTAL DUE

** TO PICK UP MATERIALS PLEASE CONTACT SKORPIAA AT EMT ASSOCIATES 541.844.1328 OR SKORPIAA.N@emtassoc.comcastbiz.net
GENERAL OFFICE HOURS ARE MONDAY - FRIDAY 8AM - 4:00 PM