



2024 48-HOUR PARAMEDIC REFRESHER

Oregon/National Transitional Course

COURSE DATES [8a - 6:30p]

- SESSION 1 - JANUARY 15 - 19.2024 [EMT Associates]
- SESSION 2 - FEBRUARY 3 - 4, 10, 11 & 17.2024 [EMT Associates]
- SESSION 3 - FEBRUARY 26 - 29.2024 [The Dalles Fire]
- SESSION 4 - MARCH 25 - 29.2024 [EMT Associates]
- SESSION 5 - APRIL 13 - 14, 20, 21 & 27.2024 [EMT Associates]
- SESSION 6 - MAY 13-17.2024 [EMT Associates]

REMINDERS

- Pass AHA ACLS & PALS Pre-Test with a score of 70% or higher
- Individual Classes are \$275/ea
- ACLS, BLS & PALS cards are \$25/ea

Upon Successful Course Completion You Will Receive:

- Course Completion Certificate
- Credit for Hours
- ACLS, BLS & PALS Two Year Card *[if Purchased]*
- Course CEU's *[if Purchased]*

Course Schedule:

- Day 1 Airway, Respiratory Distress, O2, Communications
- Day 2 PALS, Pediatrics, OB [AHA PALS Certification]
- Day 3 TRAUMA
- Day 4 Medical Emergencies [AHA ACLS & BLS Certifications]
- Day 5 Medical Emergencies, Newborn Care

Cancellation/Late Registration/No Show

Late registration is defined as a registration received with less than 5 FULL business days

There is also a \$100 fee for all late registrations

No Call/No shows and late cancellations/late transfers [less than 5 FULL business days] will be responsible for full payment. EMT Associates **does not offer refunds** once your registration is complete. If you are unable to attend a course you must contact us 6+ days prior to the start of the class. Our staff will move you to the next available course or issue a course credit. Course credits are non-transferable, must be used for the same course and must be used within 120 days of the missed course. Once a credit is applied, the student must attend that course **A COURSE CREDIT CAN ONLY BE APPLIED ONCE**



HOW TO REGISTER: 1. ONLINE: emtassoc.com 2. FAX: 541.636.3416 3. MAIL: 1144 Gateway Loop, Ste 136, Springfield, OR 97477 4. CALL: 541.844.1328

**COURSE DATE[S] YOU WILL ATTEND [REQUIRED]:		State License and Expiration	National License and Expiration	
Last Name:		First Name:		Phone:
Address:			City:	State: Zip
E-Mail (REQUIRED FOR PRE-COURSE MATERIALS):				

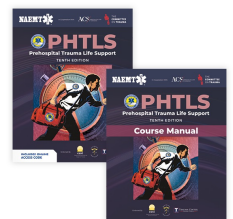
In accordance with the Americans with Disabilities Act, please advise if you have a disability that requires special materials and/or services; so the appropriate personnel can be advised

Please Complete Payment Info Below

<input type="checkbox"/> 48-HOUR REFRESHER COURSE 2023 [5 Days]	\$800
<input type="checkbox"/> Day 1 ONLY: Airway, Resp Distress, O2, Communication	\$275
* <input type="checkbox"/> *OPTIONAL: AHA BLS ADD-ON	\$0
<input type="checkbox"/> Day 2 ONLY: PALS, Pediatrics & OB	\$275
<input type="checkbox"/> Day 3 ONLY: Trauma	\$275
<input type="checkbox"/> Day 4 ONLY: ACLS-EP, Medical Emergencies Day	\$275
<input type="checkbox"/> 5 ONLY: Medical Emergencies, Newborn Care	\$275
<input type="checkbox"/> PHTLS - <input type="checkbox"/> Jan 20 <input type="checkbox"/> Feb 18 <input type="checkbox"/> Mar 30 <input type="checkbox"/> Apr 28 <input type="checkbox"/> May 18	\$300
<input type="checkbox"/> ACLS Textbook 2020	\$58
<input type="checkbox"/> PALS Textbook 2020	\$65
<input type="checkbox"/> ACLS/PALS Handbook 2020	\$55
<input type="checkbox"/> LATE REGISTRATION FEE	\$100
<input type="checkbox"/> Shipping	\$7/per bk
TOTAL PAID	

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

PHTLS 10th EDITION
Purchase your **REQUIRED** textbook at:
worldpoint.com
[available in paperback or e-course manual]



Registration less than 3 business days to course start and "drop-in's"