1144 Gateway Loop Suite 136 - Springfield, OR 97477 EMT. Associates@Comcast.Net www.EMTAssoc.com



1-Day Recertification: For students who need to renew their PALS prior to expiration2-Day Provider: For students who need to obtain their initial PALS or have an expired PALS card

2020
PALS Textbook
REQUIRED

PALS RECERTIFICATION [1-DAY] 8a - 5p			PALS PROVIDER [2-DAY] 8a - 5p			
	January 30	□ July 29	□ January 30 - 31	□ July 29 - 30		
	February 20	□ August 27	□ February 20 - 21	□ August 27 - 28		
	March 19	□ September 23	□ March 19 - 20	□ September 23 - 24		
	April 23	□ October 28	□ April 23 - 24	□ October 28 - 29		
	May 30	□ November 25	□ May 30 - 31	□ November 25 - 26		
	June 18	□ December 17	□ June 18 - 19	□ December 17 - 18		

2020 PALS Handbook is RECOMMENDED



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

CANCELLATION / LATE REGISTRATION / NO SHOW

Late registration is defined as a registration received with less than 5 FULL business days. All late registrations will be assessed a \$55 fee. Late cancellations/ transfers done with less than 5 FULL business days; will be responsible for full payment. EMT Associates <u>does not offer refunds</u> once your registration is complete [including Online Heartcode]. 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

TO PICK UP MATERIALS PLEASE ARRANGE A TIME WITH EMT ASSOCIATES: 541.844.1328 or emt.associates@comcast.net

REQUESTED COURSE DATE : LICENSE #		E CERTIFICATE:	LIST CURRENT CARD EXPIRATION DATE [RECERT ONLY]:		
			PALS:	l	BLS:
Last Name: First Name:			1	Phone:	
Address:			City:	State:	Zip
E-Mail (REQUIRED FOR PRE-COURSE MATERIALS)):				
PALS 1 DAY RECERTIFICATION COURSE 2024 PALS 2 DAY PROVIDER COURSE 2024 BLS ADD-ON [IN-PERSON CLASS ONLY] PALS TEXTBOOK [REQUIRED] ACLS/PALS HANDBOOK [RECOMMENDED] CONTINUING EDUCATION CERTIFICATE PALS HEARTCODE® ONLINE w/ IN-PERSON SHIPPING FEE LATE REGISTRATION FEE [Less than 5 busines	\$29 \$6 \$6 \$1 \$1 \$29 \$1 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	Payment Meth Card Number Expiration Dat Billing Zip Cod	e/_e ePALS Pre-Tesi	Security Code	:
тс	OTAL DUE		Go to the link	below to complete	te: