

Phone 541.844.1328 Fax 541.636.3416

1144 Gateway Loop Suite 136 - Springfield, OR 97477

EMT.Associates@Comcast.Net

www.EMTAssoc.com



2026 PHTLS

HYBRID with SKILLS

| | | | | | | | | | |
|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|--|--|--|--|--|--|
| 8a - 4p | | | | | EMT Associates - 1144 Gateway Lp . Springfield, OR 97477 | | | | |
| <input type="checkbox"/> JANUARY 24 | <input type="checkbox"/> MARCH 1 | <input type="checkbox"/> MARCH 14 | <input type="checkbox"/> MAY 9 | <input type="checkbox"/> Call to Schedule Goup | | | | | |

PHTLS courses improve the quality of trauma care in your area and decrease mortality. The program is based on a prehospital trauma care philosophy, stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. PHTLS promotes critical thinking as the foundation for providing quality care. The PHTLS course is continuously updated and revised to keep up with the advances in the field and ATLS Guidelines

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. No planners or faculty have any relevant information to disclose.

Registration Can Also Be Completed Online: <https://form.jotform.com/243321027388151>

CANCELLATION / LATE REGISTRATION / NO SHOW

Late registration is defined as registration received with less than 3 business day notice of paid enrollment, including "drop-ins".

Late Registration is a \$55 Fee. Cancellations made 3+ business days prior to class may transfer to a different class.

NO REFUNDS... No Call/No shows and late cancellations [less than 3 full business days] will be responsible for full payment

| | | | | | |
|---|--|--|-------|--------|-----|
| COURSE DATE YOU WILL ATTEND: | | License Number(s) and Expiration Date(s) | | | |
| Last Name: | | First Name: | | Phone: | |
| Address: | | | City: | State: | Zip |
| E-Mail (REQUIRED FOR PRE-COURSE MATERIALS): | | | | | |

☐ PHTLS 10th Ed 2025 [Hybrid with Skills]

\$300

☐ LATE REGISTRATION FEE

\$55

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

TOTAL PAID:

PHTLS 10th Edition **REQUIRED**
Purchase your Required Textbook at Worldpoint

Payment Method: ☐ CREDIT/DEBIT ☐ CHECK ☐ CASH Card

Number: _____ - _____ - _____ - _____

Expiration Date ____ / ____ / ____ Security Code: _____

Billing Zip Code _____

Signature: _____