



# 2025 PALS

## PROVIDER & RECERTIFICATION CLASSES

**1-Day Recertification:** For students who need to renew their PALS prior to expiration

**2-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

- January 20
- February 10
- March 24
- April 23
- May 27
- June 23
- July 28
- August 25
- September 15
- October 27
- November 17
- December 15

### PALS PROVIDER [2-DAY] 8a - 5p

- January 20 - 21
- February 10 - 11
- March 24 - 25
- April 23 - 24
- May 27 - 28
- June 23 - 24
- July 28 - 29
- August 25 - 26
- September 15 - 16
- October 27 - 28
- November 17 - 18
- December 15 - 16

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 \$50 fee. Late cancellations/transfers done with less than 5 FULL business days; will be responsible for full payment. EMT Associates **does not offer refunds** 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](http://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](mailto:emt.associates@comcast.net)

REQUESTED COURSE DATE :	LICENSE # FOR CE CERTIFICATE:	LIST CURRENT CARD EXPIRATION DATE <b><u>[RECERT ONLY]</u></b> :		
		PALS:	BLS:	
Last Name:	First Name:	Phone:		
Address:		City:	State:	Zip
E-Mail (REQUIRED FOR PRE-COURSE MATERIALS):				

#### **PLEASE FILL IN THE BUBBLES TO INDICATE PURCHASE**

<input type="checkbox"/> PALS 1 DAY RECERTIFICATION COURSE 2025	\$250
<input type="checkbox"/> PALS 2 DAY PROVIDER COURSE 2025	\$300
<input type="checkbox"/> PALS TEXTBOOK [REQUIRED]	\$65
<input type="checkbox"/> PALS HANDBOOK [RECOMMENDED]	\$55
<input type="checkbox"/> CONTINUING EDUCATION CERTIFICATE	\$25
<input type="checkbox"/> PALS HEARTCODE® ONLINE w/ IN-PERSON SKILLS	\$370
<input type="checkbox"/> SHIPPING FEE	\$8
<input type="checkbox"/> LATE REGISTRATION FEE [Less than 5 business days]	\$55

Payment Method:  CREDIT/DEBIT  CHECK

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL DUE**

PALS Pre-Test Required with 70% +  
Bring Documentation to Class  
Go to the link below to complete:  
<https://elearning.heart.org/course/427>