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www.EMTAssoc.com



# 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

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> January 20  | <input type="checkbox"/> July 28      |
| <input type="checkbox"/> February 10 | <input type="checkbox"/> August 25    |
| <input type="checkbox"/> March 24    | <input type="checkbox"/> September 15 |
| <input type="checkbox"/> April 23    | <input type="checkbox"/> October 27   |
| <input type="checkbox"/> May 27      | <input type="checkbox"/> November 17  |
| <input type="checkbox"/> June 23     | <input type="checkbox"/> December 15  |

### PALS PROVIDER [2-DAY]

8a - 5p

- |   |  |
|---|--|
| <input type="checkbox"/> January 20 - 21  | <input type="checkbox"/> July 28 - 29      |
| <input type="checkbox"/> February 10 - 11 | <input type="checkbox"/> August 25 - 26    |
| <input type="checkbox"/> March 24 - 25    | <input type="checkbox"/> September 15 - 16 |
| <input type="checkbox"/> April 23 - 24    | <input type="checkbox"/> October 27 - 28   |
| <input type="checkbox"/> May 27 - 28      | <input type="checkbox"/> November 17 - 18  |
| <input type="checkbox"/> June 23 - 24     | <input type="checkbox"/> 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)

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

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

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

**TOTAL DUE**

Payment Method: ☐ CREDIT/DEBIT ☐ CHECK

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

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

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

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

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