



# 2026 48-HOUR

## PARAMEDIC REFRESHER

Oregon/National Transitional Course

### COURSE DATES [8a - 6p]

- SESSION 1 - 19 - 23.JANUARY.2026
- SESSION 2 - 14, 15, 21, 22 & 28.FEBRUARY2026
- SESSION 3 - 09 - 13.MARCH.2026
- SESSION 4 - 04 - 08.MAY.2026
- SESSION 5 - TBD

### REMINDERS

- Pass AHA ACLS & PALS PreTest with a score of 70% or higher
- Complete online BLS Course [if added], and bring ACLS, PALS & BLS Certificates of Completion to class
- Individual Classes are \$285/ea
- ACLS, BLS & PALS cards are \$30/ea

Upon Successful Course Completion You Will Receive:

- Course Completion Certificate
- PALS Two Year Card
- Receive Credit for Hours
- ACLS Two Year Card [BLS Card if Purchased]
- Course Completion Certificate

### 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](http://emtassoc.com) 2. FAX: 541.636.3416 3. MAIL: 1144 Gateway Loop, Ste 136, Springfield, OR 97477 4. CALL: 541.844.1328

<b>**COURSE DATE[S] YOU WILL ATTEND [REQUIRED]:</b>		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 2026 [5 Days]	\$800
<input type="checkbox"/>	Day 1 ONLY: Airway, Resp Distress, O2, Communication	\$285
<input checked="" type="checkbox"/>	<b>*OPTIONAL: AHA BLS ONLINE ADD-ON [NONREFUNDABLE]</b>	\$60
<input type="checkbox"/>	Day 2 ONLY: PALS, Pediatrics & OB	\$285
<input type="checkbox"/>	Day 3 ONLY: PHTLS, Trauma	\$285
<input type="checkbox"/>	Day 4 ONLY: ACLS-EP, Medical Emergencies Day	\$285
<input type="checkbox"/>	5 ONLY: Medical Emergencies, Newborn Care	\$285
<input type="checkbox"/>	PHTLS - <input type="checkbox"/> Jan 24 <input type="checkbox"/> Mar 1 <input type="checkbox"/> Mar 14 <input type="checkbox"/> May 9	\$300
<input type="checkbox"/>	ACLS Textbook 2025	\$60
<input type="checkbox"/>	PALS Textbook 2025	\$65
<input type="checkbox"/>	ACLS/PALS Handbook 2025	\$55
<input type="checkbox"/>	<b>LATE REGISTRATION FEE</b>	\$100
<input type="checkbox"/>	Shipping	\$8/per bk
<b>TOTAL PAID</b>		

Payment Method:  CREDIT/DEBIT  CHECK  CASH

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### **PHTLS 10th EDITION**

Purchase your **REQUIRED** textbook at:  
[worldpoint.com](http://worldpoint.com) [available in paperback or e-course manual]

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

