



2004 PEDIATRIC ADVANCED LIFE SUPPORT COURSES

April 22 & 23, 2004 Provider Course
March 25, 2004 Renewal Course

October 21 & 22, 2004 Provider Course
October 22, 2004 Renewal Course

COURSE LOCATION:
Peter A Whyte Auditorium & Classrooms
Lower Level

PLANNING COMMITTEE

Ashraf Ads, MD
Attending Emergency Physician
Department of Emergency Medicine
PALS Course Director/Instructor

Phyllis M. Staniec, BSN, RN, CPN
Education Specialist
Department of Nursing Education
PALS Course Coordinator/PALS TC Manager/Instructor

CONTINUING EDUCATION CREDITS

St. John Hospital and Medical Center, an organization accredited by the MSMS Committee on CME Accreditation, designates that his activity meets the criteria for a maximum of 10.5 credit hours in Category I for the PALS Provider Course, or 5.4 credit hours in Category I of PALS recertification, toward the requirements for Michigan relicensure and the Physician's Recognition Award of the AMA, provided it is completed as designed.

Nurses will receive 15.1 Contact Hours for completion of the Provider Training Course and 6.0 Contact Hours for the completion of the Provider Retraining Course.

AMERICAN HEART ASSOCIATION DISCLAIMER

"The AHA strongly promotes knowledge and proficiency in CPR (ACLS & PALS) and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA and any fees charged for such a course do not represent income to the association."



22101 Moross Road
Detroit, MI 48236

St. John Hospital and Medical Center
Nursing Education
22101 Moross Road
Detroit, MI 48236-2172

NONPROFIT ORGANIZATION
U. S. POSTAGE PAID
PERMIT NO 2795
DETROIT, MI

PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER & RENEWAL COURSES

REGISTRATION

Registration for the course will be limited. **Pre-registration with payment is a requirement. No phone/FAX registrations accepted.** Provider course participants will receive the AHA “Textbook of Pediatric Advanced Life Support” by mail for pre-study upon receipt of completed registration and course fees. Recertification course participants should indicate if text is needed on registration form and it can be purchased for additional fee of \$30.

Provider Training Course Fees:

St. John Health Associates \$200
All others \$250

Retraining Course Fees:

St. John Health Associates \$100
All others \$135

Cancellations less than 2 weeks and NO SHOWS are subject to a \$50 fee

No refunds will be made the week of the course. **Confirmed registrants who do not attend are liable for entire fee.**

COURSE PREREQUISITE

A prerequisite for the course is **current** BLS Healthcare Provider Training Completion. PALS cards can not be issued without a current BLS Healthcare Provider card. Proof from AHA or a similar accrediting agency is required, and will need to be provided **during course registration**. A copy of the front and back of the current BLS Healthcare Provider card (not ACLS, ATLS or ALS) **MUST** be submitted with registration. Registrants without current BLS Healthcare Provider Training **MUST** complete training prior to day one of the course. Renewal course participants must also submit a copy of the front and back of the current PALS Provider card with registration form.

BLS HEALTHCARE PROVIDER TRAINING WILL NOT BE OFFERED DURING THE PALS COURSE.

St. John Hospital Associates: Please call the Department of Nursing Education at 313-343-3080 for BLS Healthcare Provider Training information.

All Others: Please call 1-888-757-5463 or access the AHA website www.americanheart.org to register for a BLS Healthcare Provider Course.

COURSE SCHEDULE

Provider Training Course (Two Days)

THURSDAY: Collect PreTests/Registration: 7:30 a.m.
(Completed Pre-Tests must be submitted to continue with the course).
Program: 7:45 a.m. - 4 p.m.

FRIDAY: Registration 7:30 a.m.
Program & Tests: 7:45 a.m. - 3:30 p.m.

Provider Retraining Course (One Day)

FRIDAY: Collect PreTests/Registration: 7:30 a.m. (Completed Pre-Tests must be submitted to continue course).
Program & Tests: 7:45 a.m. - 3:30 p.m.

COURSE OVERVIEW

This course has been designed to provide information necessary in the recognition and management of the infant or child at risk of cardiopulmonary arrest; to provide strategies for the prevention of cardiopulmonary arrest in infants and children; and the opportunity to perfect the psychomotor skills necessary for resuscitation and stabilization of the infant or child.

This course based on the American Heart Association and Academy of Pediatrics course criteria, combines lecture format, with “hands-on” skill building, case presentations, and evaluation stations. Teaching faculty will include members of the American Heart Association affiliate faculty and instructors in Pediatric Advanced Life Support.

TARGET AUDIENCE

This course is intended for healthcare providers whose primary focus or responsibility is the well being of infants and children.

The following staff will be given priority for registration:

Emergency Center Residents & Attending Physicians
Pediatric Residents & Attending Physicians
Medical/Pediatric Residents & Attending Physicians
Family Practice Residents & Attending Physicians
Emergency Center Clinical Nurses
Pediatric Service Clinical Nurses
Family Practice Clinical Nurses
Paramedics/EMTs
Respiratory Therapists

PALS COURSE REGISTRATION:

Read and complete this form in its entirety. Registration cannot be accepted if not complete

NAME: _____

TITLE: _____ UNIT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: () _____

PAGER: () _____

EMPLOYER: _____

Please indicate the course and date you will attend:	
PALS Provider Course	PALS Retraining Course
____ April 22 & 23	____ March 25
____ Oct 21 & 22	____ Oct. 22
Amount Enclosed \$ _____ Check # _____ Cash _____ Journal Entry _____	
Make check payable to St. John Hospital and Medical Center, Nursing Education	

PLEASE CHECK OFF CARDS ENCLOSED:

____ All registrants **MUST** enclose a **copy** of their front and back **CURRENT** BLS card with this registration form.

____ All Renewal registrants **MUST** enclose a **copy** of their front and back **CURRENT** PALS Provider card as well as their BLS Provider card.

(PALS Provider Card MUST be within the 2 year expiration date to be renewed)

Please number 3 personal preferences for your Module Attendance:

____ Special Health Care Needs ____ Coping with Death
____ Rapid Sequence Intubation ____ Toxicology
____ Newly Born ____ Sedation

For more information contact the Department of Nursing Education at 313-343-3080 or Phyllis Staniec, RN at 313-343-7358. **Return completed registration form, card copies, and fee to:**

St. John Hospital and Medical Center
Department of Nursing Education, West Addition, Second Floor
22101 Moross Road
Detroit, MI 48236