



2010 PALS RENEWAL

Registration Information
AHA PALS Renewal Course

This form is for your reference; please DO NOT submit it with your completed registration form. Thank you.

To Register:

1. Registration is considered complete only upon receipt of a completed registration form, all attachments, AND a manager's signature authorizing billing.
2. Attach a copy of your current AHA BLS provider card.
3. Attach a copy of your current AHA PALS provider card.
4. Complete the attached registration form and send to:
Health Educators, Inc.
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
5. You will receive a confirmation within 48 hours after we receive your completed registration form.

How to Prepare for your Course:

1. Obtain a book from your nurse manager or educator for your unit.
2. Complete the pre-course checklist and bring the checklist with you to the course.
3. Understand the 12 Core Cases in the PALS Provider Manual
4. Understand the PALS algorithms for the Core Cases in the PALS Provider Manual
5. Complete the PALS Self-Assessment Tests on PALS ECGs and Pharmacology (on the PALS Student CD)
6. ****NOTE** – The PALS Provider course does not teach algorithms, ECG, or pharmacology information. If you do not understand the ECG and pharmacology information in the pre-course assessment test, it is possible that you will not successfully complete the PALS Provider course.

Cancellation Policy:

1. Cancellations or reschedule requests must be received 48 hours prior to your scheduled class:
Phone: 804-553-0460
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
1. If you fail to show or notify us of a change for a registered session, HCA will be charged the full participation fee.

Course Location:

All courses will be held at Health Educators unless otherwise noted.



2010 PALS RENEWAL

Registration Form
HCA Employees

Audience: Healthcare providers with current knowledge in BLS/CPR and the ability to read cardiac rhythms.
Text: (required) PALS Student Provider Manual & CD, book code: 80-1434

Course Dates: Attach a copy of your current AHA PALS and AHA BLS cards. Please select your two choices.

1st choice _____ 2nd choice _____

Jan 12 (Tue)	Mar 26 (Fri)	Jun 10 (Thu)	Aug 21 (Sat)	Nov 3 (Wed)
Jan 29 (Fri)	Apr 10 (Sat)	Jun 25 (Fri)	Sep 14 (Tue)	Nov 12 (Fri)
Feb 20 (Sat)	Apr 23 (Fri)	Jul 13 (Tue)	Sep 16 (Thu)	Dec 4 (Sat)
Feb 26 (Fri)	May 11 (Tue)	Jul 23 (Fri)	Oct 8 (Fri)	Dec 10 (Fri)
Mar 9 (Tue)	May 28 (Fri)	Aug 12 (Thu)	Oct 16 (Sat)	

Course Hours: 9 a.m. to 4 p.m.

Location: Health Educators, Inc.

Participant:

PLEASE PRINT

First Name MI Last Name

Street Address

City State Zip

() () ()
Home Phone Work Phone Cell Phone

Email

HDH-Forest HDH-Parham CJW-Chip CJW-JW JRMC Retreat Tuckahoe Surg Ctr Hanover Outpt Hospital (choose one)

MD PA RN RT LPN Medic Other: _____
Job Title (choose one)

-
3-4 User ID Cost Center Department

Nurse Manager or Directors Information:

Nurse Manager's Name (Please Print) Nurse Manager's Signature

Nurse Manager's Phone Number Nurse Manager's Email

Cancellation: If you fail to show or notify us of a change for a registered session, HCA will be charged the full participation fee.

Confirmation will be emailed to you within 48 hours - if you do NOT receive a confirmation please call our office

Phone: (804) 553-0460 • Fax: (804) 553-0463 • Email: info@healtheducatorsinc.com • Website: www.healtheducatorsinc.com

For office use only:

PALS _____ BK _____ DB _____ EM _____ HEI ID _____