



2010 PALS NEW

Registration Information
AHA PALS New 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 payment.
2. Attach a copy of your current AHA BLS provider card.
3. Complete the attached registration form and send to:
Health Educators, Inc.
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
4. You will receive a confirmation within 48 after we receive your completed registration form.

How to Prepare for your Course:

1. Obtain a book from Channing Bete (aha.channing-bete.com) 1-800-611-6083, or Worldpoint ECC, Inc. (eworldpoint.com) 1-888-322-8350. Book Code: 80-1434
2. Complete the pre-course checklist and bring the checklist with you to the course.
3. Understand the 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 in writing:
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
2. If you fail to show or notify us of a change for a registered session, you will forfeit the full participation fee..

Course Location:

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

Health Educators, Inc.



2010 PALS NEW

Registration Form
Community

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 BLS card.

1st choice _____

2nd choice _____

Jan 25 (Mon) & Jan 26 (Tu)

Apr 26 (Mon) & Apr 27 (Tu)

Jul 19 (Mon) & Jul 26 (Mon)

Oct 26 (Tue) & Oct 28 (Th)

Feb 3 (Wed) & Feb 4 (Th)

May 14 (Fri) & May 15 (Sat)

Aug 25 (Wed) & Aug 27 (Fri)

Nov 4 (Th) & Nov 11 (Th)

Mar 2 (Tu) & Mar 4 (Th)

Jun 1 (Tu) & Jun 3 (Th)

Sep 1 (Wed) & Sep 2 (Th)

Dec 7 (Tu) & Dec 14 (Tu)

Mar 22 (Mon) & Mar 29 (Mon)

Jun 28 (Mon) & Jun 29 (Tu)

Sep 22 (Wed) & Sep 24 (Fri)

Course Hours: 9 a.m. to 5 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

Company

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

Payment: (Prepayment is required)

Course Fee: \$195

Check: Make check payable to: Health Educators, Inc.

Charge: VISA Mastercard AMEX Expiration Date: /
 Security code:

Signature: _____

Cancellation: If you fail to show or notify us of a change for a registered session, you will forfeit 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:

BK _____ DB _____ EM _____ ID _____ PALS _____