

American Heart Association Class Registration

Metrocrest Medical Services

1925 E. Beltline, Suite 319
Carrollton, TX 75006
(972) 416-1200
www.mmsems.org

Advanced Cardiac Life Support/Pediatric Advanced Life Support

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ MD/DO/Paramedic/RN/RT/Other (please circle one)

Email: _____ (student handout and pretest will be sent via email)

Indicate which class you are registering for: ACLS / ACLS Renewal / PALS / PALS Renewal

Indicate the class date you are registering for: _____

ACLS:

This course is designed to enhance Physician, Paramedic, Nursing, and other allied medical personnel's proficiency in the skills of advanced life support and emergency cardiac care.

PALS:

This course is designed to train Physician, Paramedic, Nursing and other allied health personnel to become proficient in the skills necessary to manage pediatric emergencies and manage transports.

Fees: ACLS 2-Day Provider: \$200.00 ACLS 1-Day Renewal: \$140.00
 PALS 2-Day Provider: \$250.00 PALS 1-Day Renewal: \$200.00

Prerequisites:

A current Healthcare Provider CPR card is a prerequisite for all courses. Registrants must either be medical, nursing, or EMS personnel experienced in advanced life support functions. The courses consist of lectures, small group presentations and practical application of skills. Students will be evaluated on their performance at skill stations and must pass a written exam.

Cancellation/Refunds:

No refunds for cancellations received 14 days prior to class date. One reschedule accepted if request is received more than 3 days prior to class date. No-shows for a class will not receive a refund or be rescheduled.

Metrocrest Medical Services, Inc. is dedicated to providing quality continuing education and Medical Control to EMS personnel in the North Texas area. We provide BCLS, ACLS, PALS, Provider and Instructor, and Neonatal Resuscitation Program courses.

Return this completed form along with a check for the appropriate fee to the address above.

Signature: _____

I agree to the cancellation/reschedule policy in this registration form

Fees charged for this course do not represent income for the American Heart Association