

ACLS 2017

ACLS 2017

Advanced Cardiac Life Support Course for Healthcare Professionals

Saturday February 25th 2017
0830-1530

MAHC - Huntsville Site
Huntsville ON
Boardroom

Modalities include:

- Chest compression emphasis
- Application of energy (defibrillation)
- Limited didactic with emphasis on hands on training
- AUDIENCE RESPONSE SYSTEM
- Seasoned Instructors and Course Director
- Easy registration VISA and Mastercard Accepted
- E-mail reminder for follow up courses

Please complete the registration form and return via email to

acls@icloud.com

You will receive a confirmation email. You will also receive a link to our website containing the pre-course materials and videos to view prior to the start of the course. There is now a pre-course self assessment to be completed prior to the course.

ACLS 2017

CME CREDIT

The College of Family Physicians of Canada Mainpro Program

Eight Mainpro-C credits can be claimed for each of these programs, and 4 Mainpro-C credits can be claimed for any of the recertification (reregistration) courses. Each one also has some additional Mainpro-M1 credits to make up the total number of hours. Up to four different programs can be submitted for Mainpro-C credits in any 5-year period to a maximum of 16 Mainpro-C credits. Any programs attended beyond this maximum are eligible for the usual number of Mainpro-M1 credits.

Royal College of Physicians and Surgeons of Canada and Registered Nurses Association

This program is an Accredited Self-Assessment Program (section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada. Visit MAINPORT <https://www.mainport.org/mainport/> (or use the app) to record your learning and outcomes. You may claim 3 credits per hour of the course you attend to a maximum of 10 hours

CANCELLATION POLICY

If you cancel your participation in this course, your registration fee, less a \$50 administrative fee will be refunded when written notification is received by the Office of 3MPC 2 weeks prior to the course date (fax # (705) 788-0338). No refunds will be made after this date. The Office of 3MPC reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event that a course must be postponed or cancelled, the office will refund the registration fee but is not responsible for any related costs, charges, or expenses.

TRAVEL AND LODGING

Travel and lodging arrangements are the sole responsibility of the individual registrant. The Office of 3MPC may be able to assist in providing information about local accommodations at the time of registration.

COURSE FACULTY

Dr. Mark Mensour, Sara Tumber RN

Faculty at any particular course may be changed due to availability. Faculty listed are those that were scheduled to teach at the time of brochure publication.

DATE AND LOCATION

Saturday February 25th 2017

0830-1530

Huntsville Hospital Boardroom

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REGISTRATION FORM

Registration is limited. Please register at your earliest convenience using the registration form attached. You may either mail the form with a cheque payable to 3MPC or fax the form with your VISA or MASTERCARD information to the fax number below. Register early as spots have already begun to fill!

Sara Tumber

34 Gouldie St
Huntsville, ON P1H 1M4
Phone: 1-705-783-3132

I wish to register for the BLS/ACLS February 25th 2017 and by registering for this course I agree to view all recommended videos for this course at www.resuscitation.ca using my personal membership user ID and Password.

This course has **SOLD OUT** in the past; therefore, early registration is suggested. A letter of confirmation will be sent by email upon receipt of payment and completed registration form. Mail form and payment to the address above or fax the form with credit card information to the fax number located above. Email and online registration is **not** available at this time.

Name		Degree – select all that apply <input type="radio"/> MD <input type="radio"/> PhD <input type="radio"/> RN <input type="radio"/> NP <input type="radio"/> Learner <input type="radio"/> EMT <input type="radio"/> RRT <input type="radio"/> Other - specify _____	
HSFO# (if available)		College (FOR CME CREDIT PURPOSES ONLY) <input type="radio"/> CNO <input type="radio"/> CFPC <input type="radio"/> CSRT <input type="radio"/> RCPSC	
Street Mailing Address (HOME)		Home Phone	
		Alternate Phone	
City	Postal Code	Country	
Email Address (print clearly) Required for educational material*****			

REGISTRATION

ACLS February 25th 2017		<input type="radio"/> \$300
	TOTAL =>	\$

PAYMENT INFORMATION - WHEN COMPLETE PLEASE EMAIL THIS FORM TO ACLS@ICLOUD.COM

<input type="radio"/> Cheque is enclosed in the amount to the right, made payable to "3MPC"			PAYMENT TOTAL
Credit Card <input type="radio"/> VISA <input type="radio"/> MasterCard	Credit Card Number	Expiry Date (MM/YY) /	\$
Name of Cardholder as it appears on the card	Signature of Cardholder (required) X		