## Massachusetts General Hospital - Department of Emergency Medicine

# ADVANCED CARDIAC LIFE SUPPORT Ines Luciani-McGillivray, Course Director

### TWO DAY PROVIDER COURSE

Course Fee: \$280 Partners/HMS affiliated Employees; \$310 All Others

Day One: Review Day Two: Testing

RECERTS CAN OPT TO SKIP REVIEW AND ONLY ATTEND DAY 2

#### **ONE DAY RECERTIFICATION COURSE**

Course Fee: \$280 Partners/HMS affiliated Employees; \$310 All Others
Recerts must provide a copy of your expired ACLS card with registration form

THERE ARE NO CEU OR CME CREDITS AVAILABLE.

BLS IS STRONGLY RECOMMENDED.

Participants must be able to recognize basic dysrhythmias.

### **INSTRUCTOR COURSE**

Course Fee: \$385 Partners/HMS affiliated Employees; \$485 All Others
Includes all materials. Must have a current AHA ACLS Provider card prior to
attending the instructor course.

<u>CPR TRAINING COURSE</u>
Course Fee: \$100 per person

#### **HOW TO REGISTER – IMPORTANT PLEASE READ CAREFULLY**

Complete form below & mail with payment to our PO Box: ACLS - Mail Zone 80

Mass General Hospital

55 Fruit Street Boston, MA 02114

Please make checks payable to: MASS GENERAL HOSPITAL

IF PAYING BY DEPARTMENT PEOPLESOFT CHARGE #, YOU MAY FAX OR EMAIL YOUR REGISTRATION to:

(Fax: 617-643-8915) or ACLS@PARTNERS.ORG\_Talk with your department about this option.

THERE IS NO PHYSICAL LOCATION FOR DROPPING OFF REGISTRATIONS – see above

Contact: Jeff Chambers ACLS@PARTNERS.ORG

## **REGISTRATION FORM**

## **INCOMPLETE OR ILLEGIBLE REGISTRATIONS CANNOT BE ACCEPTED**

COURSE YOU WILL ATTEND:		
Course Date(s):		
NAME:		
ADDRESS:		
Street		
City	ST	ZIP Code
PHONE #:		
EMAIL:		
MD, RN, EMT-P, OTHER-Specify:		BLS expires:
Is this your first ACLS class? YesNo	_If not, how ma	any have you taken?
Payment enclosed (check one):		
Provider or Re-Cert coursePartners/HMS Employee: \$280Outside of Partners network: \$310		Instructor coursePartners/HMS Employee: \$385Outside of Partners network: \$485
CPR Training Course\$100 per person		
To get the Partners pricing you must pro	ovide a Partners	e-mail address above
AYMENTCATTACHED: PeopleSoft Ch Phone Extens		Manager Name:
have read the ACLS information/instruction	on sheet:	
ignature:	fanaluing by ama	il with Dooplesoft # just type in your name \

## ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE Information Sheet

Contact:

#### **Jeff Chambers**

#### ACLS@PARTNERS.ORG

ACLS Mail Zone 80 55 Fruit Street Boston, MA 02114

- Your place is reserved when PAYMENT and a COMPLETED, SIGNED application form have been received.
   Incomplete or illegible registrations will not be accepted.
- We have a no refund policy however your tuition is good for one year and you can transfer to another course that has space available. Your registration expires after one year.
- Classes may be cancelled due to low enrollment or inclement weather.
- All registrations are final two weeks prior to the scheduled class. Any changes within the two weeks are subject to a \$25.00 reschedule fee.
- There are no CEU or CME credits available.
- Keep a copy of your registration for your records as it contains date, time and location of your course.
- Courses often fill up in the 2-4 week period prior to the course, please register early.
- DAY 1 meets 8:00am 3:00pm Lectures
- DAY 2 meets 8:00am 1:00pm Stations and Testing
- Cards will be issued at the time of successful completion of the course.
- Registrations cannot be transferred to another person.
- Pre-course study materials will be emailed to you.

**BLS**: Strongly recommended. Participants must be able to recognize basic dysrhythmias.

\* Recertification: Please include a copy of your expired ACLS card with your course registration form