

ACLS Provider and Retraining Courses

Audiences:

- Paramedics/EMTs
- Emergency Nurses
- Emergency Physicians
- Other Health Care Professionals

Location:

The University Hospital, Staff Development & Education Department, first floor
 234 Goodman Street
 Cincinnati, OH 45219

	ACLS Provider Courses	ACLS Provider Retraining Courses
Dates:	September 18 & 19 November 12 & 13 December 10 & 11	September 19 November 13 December 11
Times:	1 p.m. to 4p.m. on first day; 8 a.m. – 5 p.m. on second day	8 a.m. – 5 p.m.
Cost:		
Physician	\$220	\$115
UC Attending Physician	\$80	\$50
Resident	\$140	\$75
RN, RRT, EMT-P, Pharm.D.	\$90	\$50
Medical/Nursing Student	\$80	\$50
University Hospital Associate	\$50	\$35
Description:	The first day will provide a brief review of lethal dysrhythmias and pharmacology. Case discussions will be presented on each of the algorithms. The second day will consist of hands-on application of skills presented in the case discussions. Participants will be tested with a written exam, CPR and mega code.	Those who attend will participate in case scenarios based on algorithms. Each case scenario will include hands-on practice. Participants will be tested with a written exam, CPR and mega code.

Other Information:

Registration is required. Register early, as classes fill fast.

Course Objectives:

- After attending the course, the participant will be able to demonstrate:
1. The cognitive knowledge of the application of advanced cardiac care.
 2. The psychomotor skills required to administer advanced cardiac care.

Prerequisites:

ACLS Provider: CPR Healthcare Provider card strongly encouraged but not required. The participants must be able to interpret cardiac rhythms.

ACLS Provider Retraining: Must have a **CURRENT** ACLS provider card good through at least the last day of the month in which you are taking the retraining course. **NO EXCPTIONS.**

Registration:

Complete and mail registration form. Participants will be registered when fees and copy of ACLS card (if retraining) and copy of their University Hospital badge (if an employee) have been received. Course material will be mailed out one month prior to the class date.

Enrollment:

Limited to the first 40 participants registered.

Accreditation for Provider Courses:

Application has been made to the American College of Emergency Physicians for ACEP Category I Credit.

Nurses: The OBN recognizes education activities by ACEP. There is a \$5 fee for any card needing replacement.

Cancellation/Rescheduling:

There will be a \$15 fee charged for anyone needing to cancel or reschedule the class within two weeks of the class date. No shows will forfeit all course fees.

Parking:

Parking is available in The University Hospital Goodman Garage at Goodman & Highland Streets. We regret that we are unable to validate parking passes.

Course Director: Daniel Storer, M.D.

Course Leaders: Holly Keeler, R.N. & Leroy Mendell, R.N.

CTC Coordinator: Patty Weingartner, 513-584-8036

2003 ACLS Provider/Provider Retraining Registration Form

Name _____

MD ___ RN ___ EMT-P ___ PharmD ___ RRT ___ Other ___

Street _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Social Security # _____

Employer _____

2003 ACLS Provider Courses

1p.m. to 4p.m. on first day; 8 a.m. - 5p.m. on second day.

____ January 15 & 16

____ August 6 & 7

____ February 20 & 21

____ September 18 & 19

____ March 19 & 20

____ November 12 & 13

____ April 2 & 3

____ December 10 & 11

____ May 14 & 15

2003 ACLS Provider Retraining Courses

8 a.m. - 5 p.m.

___ January 16	___ April 3	___ September 19
___ February 21	___ May 15	___ November 13
___ March 20	___ August 7	___ December 11

Fee: (Checks payable to University Hospital)

	<u>Provider</u>	<u>Retraining</u>
Physician	\$220	\$115
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Resident	\$140	\$75
RN, RRT, EMT-P, PharmD	\$90	\$50
Medical/Nursing Student	\$80	\$50
University Hospital Employee	\$50	\$35

(TUH Employees: please include a copy of your badge)

Textbooks: AHA Provider Manuals - \$30.00

Please include textbook fee with course fee

*Any fees charged for this course do not represent income
to the AHA.*

*Mail form to: University Hospital, 234 Goodman St.,
ML#0722, Cincinnati, Ohio 45219-2316*