

# Pediatric Advanced Life Support (PALS)

## Continuing Education:

*Provider Courses:* The Children's Hospital is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Children's Hospital takes responsibility for the content, quality and scientific integrity of this CME activity.

The Children's Hospital designates this educational activity for a maximum of 13 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

*Renewal Courses:* No continuing education credit is offered for PALS Renewal Courses.

## Cancellation and Attendance Policies:

Registration fees will be fully refunded if a cancellation is received within three weeks of the course. 50 percent will be refunded up to one week prior to the course, provided a substitute can be found. **No refunds will be given after that time or for non-attendance.**

Attendance at all lectures and stations is required. **Certification will not be granted for late arrival or significant absence during any part of the course.**

## Certification:

The PALS card is valid for two years and may be renewed by taking a PALS Renewal course prior to the end of the month in which the card expires.

Once the PALS card expires you are required to take the full two day provider course.

# PALS Provider and Renewal Courses – Registration Form

Name		Title	Organization / Business	
Address		City	State	Zip Code
Home Phone		Work Phone	E-Mail (REQUIRED) *For course confirmation and updates	

- 2006 PALS Textbook \$40.00 (Includes Pre-course Guide, Student CD & Reference Card)
- 2006 PALS Pre-course Guide \$10.00 (Includes Student CD & Reference Card)
- 2006 PALS Reference Card \$10.00

**\*\*\*Course confirmation will be via E-mail within 4 business days\*\*\***  
 (If you do not receive confirmation contact Starlight Wagner, [wagner.starlight@tchden.org](mailto:wagner.starlight@tchden.org))

Provider Course  Renewal Course (*Photo copy of Card required for sign up*)

**Provider Dates:**

- |   |  |
|---|--|
| <input type="checkbox"/> <del>January 19-20, 2010</del> FULL  | <input type="checkbox"/> <del>June 8-9, 2010</del> FULL        |
| <input type="checkbox"/> <del>February 16-17, 2010</del> FULL | <input type="checkbox"/> <del>July 13-14, 2010</del> FULL      |
| <input type="checkbox"/> <del>April 13-14, 2010</del> FULL    | <input type="checkbox"/> <del>September 20-21, 2010</del> FULL |
| <input type="checkbox"/> <del>May 17-18, 2010</del> FULL      | <input type="checkbox"/> <del>October 11-12, 2010</del> FULL   |
|   | <input type="checkbox"/> <del>November 15-16, 2010</del> FULL  |

**Renewal Dates:**

AM = 8am to 1pm      PM = 2pm to 7pm

- |   |   |
|---|---|
| <input type="checkbox"/> <del>January 12, 2010</del> <del>AM</del> FULL | <input type="checkbox"/> <del>May 12, 2010</del> <del>AM</del> FULL     |
| <input type="checkbox"/> <del>January 27, 2010</del> <del>AM</del> FULL | <input type="checkbox"/> <del>June 29, 2010</del> <del>AM</del> FULL    |
| <input type="checkbox"/> January 27, 2010 ~PM                           | <input type="checkbox"/> <del>August 10, 2010</del> <del>AM</del> FULL  |
| <input type="checkbox"/> February 8, 2010 ~AM                           | <input type="checkbox"/> August 10, 2010 ~ PM                           |
| <input type="checkbox"/> <del>March 24, 2010</del> <del>AM</del> FULL   | <input type="checkbox"/> <del>October 26, 2010</del> <del>AM</del> FULL |
| <input type="checkbox"/> March 24, 2010 ~ PM                            | <input type="checkbox"/> October 26, 2010 ~ PM                          |
| <input type="checkbox"/> <del>April 19, 2010</del> <del>AM</del> FULL   | <input type="checkbox"/> <del>November 2, 2010</del> <del>AM</del> FULL |

**Registration Fees:**

**Provider Courses**  
\$180.00

**Renewal Courses**  
\$100.00

**Payment:**

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ EXP Date \_\_\_\_\_ / \_\_\_\_\_

**Print this form and return with payment (payable to The Children's Hospital) to:**

Starlight Wagner, Course Coordinator  
 The Children's Hospital  
 13123 E. 16<sup>th</sup> Ave., B251  
 Aurora, CO 80045

OR

Send back by fax or email attachment  
 Fax #: 720-777-7319  
 Email: [wagner.starlight@tchden.org](mailto:wagner.starlight@tchden.org)

**Cancellation and Attendance Policies:**

Registration fees will be fully refunded if a cancellation is received within three weeks of the course. 50 percent will be refunded up to one week prior to the course, provided a substitute can be found. **No refunds will be given after that time or for non-attendance.** The textbook fee is non-refundable. Attendance at all lectures and stations is required. Certification will not be granted for late arrival or significant absence during any part of the course.