

# 2016 PHCS EMPLOYEE REGISTRATION FORM

## **PEDIATRIC ADVANCED LIFE SUPPORT – RECERTIFICATION**

*This form is for RN Staff only. Class dates may periodically change; please make sure you have the most updated form.*

### **PREREQUISITES:**

- Knowledge of cardiac rhythms, PALS treatment algorithms, and PALS core pharmacology.
- Current BLS for Healthcare Providers course completion card.
- Current PALS Providers course completion card.
- Complete precourse assessment test at [www.heart.org/eccstudent](http://www.heart.org/eccstudent) (passcode: palsprovider), 84% or better is required.

### **CHECKLIST:** *(No phone or fax registrations will be accepted.)*

- Mail completed registration form, check(s), and course completion card(s) as required in one envelope to:  
*PHCS Community Education  
 Attn: Department Secretary  
 731 Alexander Road, Suite 103, Princeton, NJ 08540*
- Attach a current copy of BLS for Healthcare Providers course completion card.
- Attach a current copy of your PALS course completion card.
- 2010 PALS Provider Manual. It is the PHCS employee's responsibility to purchase the book or borrow it from UMCP Library.

### **PLEASE NOTE:**

- Registrations will close two weeks prior to course date.
- Mailed registrations must be post-marked no less than 14 days prior to course date.
- Participants who are more than **15 minutes late** will need to reschedule for another PALS course held by PHCS.
- Participants and instructors should postpone CPR training if they are known to be in the active stages of an infectious disease, have reason to believe they have been exposed to an infectious disease, or have dermatologic lesions on their hands, mouth or circumoral area.

### **CLASS INFORMATION:**

Community Education & Outreach at 731 Alexander Road, Suite 103, Princeton, NJ 08540

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> FRI. January 22 (9 a.m. – 5 p.m.) | <input type="checkbox"/> THU. June 30 (5 – 11 p.m.)       | <input type="checkbox"/> FRI. October 21 (9 a.m. – 5 p.m.) |
| <input type="checkbox"/> THU. March 17 (9 a.m. – 5 p.m.)   | <input type="checkbox"/> THU. August 25 (9 a.m. – 5 p.m.) | <input type="checkbox"/> FRI. December 16 (5 – 11 p.m.)    |
| <input type="checkbox"/> WED. May 25 (9 a.m. – 5 p.m.)     |   |  |

### **FEES:**

- \$25 refundable check deposit is **required to reserve your seat in class**. This deposit will be forfeited if class is not attended and registration is not cancelled 24 hours prior to the class date.

### **BOOKS:** *(For all purchased books, please write a separate check and pick up at 731 Alexander Rd., Suite 103, prior to class.)*

- I will borrow a book from the UMCP Library or already have my own copy of the 2010 PALS Provider Manual.
- I would like to purchase a 2010 PALS Provider Manual for \$35.
- I would like to purchase a Handbook of Emergency Cardiovascular Care for Healthcare Providers for \$27 (optional).

### **PLEASE PRINT. ALL INFORMATION MUST BE PROVIDED.**

NAME: \_\_\_\_\_ EXTENSION: \_\_\_\_\_  
 DEPARTMENT/UNIT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME TEL: \_\_\_\_\_ CELL: \_\_\_\_\_  
 E-MAIL (REQUIRED): \_\_\_\_\_

REGISTRANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 MANAGER SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_

For more information, please call 1.888.897.8979 or e-mail [communityeducation@princetonhcs.org](mailto:communityeducation@princetonhcs.org) or visit [www.princetonhcs.org](http://www.princetonhcs.org).

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

