

ACLS 2018

# ACLS 2018

Advanced Cardiac Life Support Course for Health Care Professionals

## Saturday September 15th 2018

### MAHC - Huntsville Site

Modalities include:

- Precourse Material handout
- Online video preview to compliment the ACLS course found at [www.resuscitation.ca](http://www.resuscitation.ca) upon registration
- 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

For Registration information please email [acls@icloud.com](mailto:acls@icloud.com)

To register please email completed forms to  
Email/scan to [acls@icloud.com](mailto: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.

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## **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 3MPC 2 weeks prior to the course date (email) [acls@icloud.com](mailto:acls@icloud.com). 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 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**

### **ACLS**

**Saturday September 15th 2018**

**0830 -1530**

**HDMH 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 email the form with your VISA or MASTERCARD information to the email 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 would like to register for the September 15th 2018 ACLS Course and by registering for this course I agree to view all recommended videos for this course at [www.resuscitation.ca](http://www.resuscitation.ca) using my personal membership user ID and Password.

Email: [acls@icloud.com](mailto:acls@icloud.com)

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. Email the form with credit card information to the email located above.

Name of Registrant		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 _____ Area of Work _____	
HSFO ID# (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

September 15th 2018		<input type="radio"/> \$300

### PAYMENT INFORMATION - WHEN COMPLETE PLEASE EMAIL THIS FORM TO [ACLS@ICLOUD.COM](mailto: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) /	CVV2 Number (required)	\$
Name of Cardholder as it appears on the card	Signature of Cardholder (required)  X			