BLS/ACLS 2018

Advanced Cardiac Life Support Course for Healthcare Professionals

In Association with the CAAC Conference

Wednesday June 6th, 2018 0830-1600

Modalities include:

- Online video preview to compliment the ACLS course found at 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 questions e-mail 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 Office of 3MPC 2 weeks prior to the course date - email 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 of 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

Wednesday June 6th, 2018 0830-1600

Courtyard Marriott 350 Dalhousie St Ottawa, ON

Room TBA

BLS/ACLS 2018

| REGISTRATION FO | | | | | | | |
|---|--------------------|------------------------------------|-------|---|---------|----------------------------|--|
| form attached. You may either mail information to the email below. Reg Sara Tumber | | | | all the form with | า your | VISA or MASTERCARD | |
| 34 Gouldie St Huntsville, ON P1H 1M4 Phone: 1-705-783-3132 O I would like to register for the June 6th 2018 BCLS/ACLS Course and by registering for this course I agree to view all recommended videos for this course a www.resuscitation.ca using my personal membership user ID and Password. | | | | | | | |
| This course has SOLD OUT in the upon receipt of payment and compl card information to the fax number | eted registrati | on form. Mail form and payme | nt to | the address a | bove of | or fax the form with credi | |
| Name of Registrant | | | | Degree – select all that apply | | | |
| | | | | O MD O PhD O RN O NP O Learner | | | |
| | | | | O EMT O RRT | | | |
| | | | | Other - specify | | | |
| HSFO ID# (if known) | | | | College (FOR CME CREDIT PURPOSES ONLY) CNO CFPC CSRT RCPSC | | | |
| Street Mailing Address (home) | | | | Home Phone | | | |
| | | | Alte | rnate Phone | | | |
| City | | | Pos | Postal Code | | Country | |
| Email Address (print clearly) REGISTRATION | · · | | ** | | | | |
| Please indicate which portion(s) of the course you will be attending | | | | | | | |
| BLS/ACLS June 6th 2018 - Registered for Conference | | | | | | O\$350 | |
| BLS/ACLS June 6th 2018 - Not registered for Conference | | | | | | O\$450 | |
| | | | | TOTAL => | | \$ | |
| | | | | | | | |
| PAYMENT INFORMATION - WHEN COMPLETE PLEASE EMAIL THIS FORM TO ACLS@ICLOUD.COM | | | | | | | |
| O Cheque is enclosed in the amount to the right, made payable to "3MPC" | | | | PAYMENT | | ENT TOTAL | |
| Credit Card | Credit Card Number | | | Expiry Date (MM/YY) | | | |
| O VISA O MasterCard | | | | 1 | Ψ | | |
| Name of Cardholder as it appears on the card | | Signature of Cardholder (required) | | | | | |
| | X | | | | | | |
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