

**VA Salt Lake City Health Care System
2010 Advanced Cardiac Life Support (ACLS)
Provider Course Schedule and Registration Form**

Feb 5 & 6, 2010, April 30 & May 3, 2010, September 17 & 20, 2010, October 29 & November 1, 2010

LOCATION: VA SLC Health Care System, 500 Foothill Drive, Salt Lake City, UT 84148, Auditorium, Building 9

PROGRAM: Day 1: 07:15 – 07:30 Registration, 07:30 – 16:30 didactic Information and Small Group Practice
Day 2: 07:30 – 10:00 Group 1 Written Exam/Skills Evaluation; 10:30 – 13:00 Group 2 Written Exam/Skills Evaluation

COURSE INFORMATION: Course registration is limited to **40** total participants!
Registration Deadline: 2 weeks prior to the course, or until the course is full. Registration is not confirmed until registration form, course fee (payment), and a copy (proof) of current BLS is received. A confirmation letter will be sent upon completion of registration requirements.

The American Heart Association (AHA) new standards for 2005 will be taught at this course.

COURSE REQUIREMENTS:
Participants should review course material and CD material prior to course. **To assure students have prepared for the course, all students will need to bring a signed copy of the precourse preparation checklist (included in the ACLS provider manual) along with ACLS Self-Assessment test scores. The ACLS Self-Assessment tests (on the ACLS student CD) must be completed prior to the first day of the course.**

ACCREDITATION: This educational activity has been approved by the Utah Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation for 11.5 hours. Contact hours are awarded to first time ACLS provider participants only!

COURSE FEE:
VA Employees and Consortium members: \$10.00 **non-refundable, non-transferable.**
Non-consortium members: \$100.00 **non-refundable, non-transferable.**

COURSE BOOKS: **All participants will need to have the AHA 2006 ACLS Provider manual to be admitted to this course – NO Exceptions!**
Required: American Heart Association 2006 ACLS Provider Manual (#80-1088)

VA employees (excluding students and residents) will be provided the American Heart Association 2005 ACLS Provider Manual.
VA employees should contact Julia Urbanek (ext. 1947) or the Center for Learning staff (ext. 1948 or 1545) for these course books.

All non-VA participants are responsible for having and providing their own 2005 ACLS Provider manual.
ACLS Provider Manuals can be ordered from one the following vendors:
Laerdal (888) 562-4242 or www.laerdal.com, WorldPoint ECC (888)322-8350 or www.eworldpoint.com, Channing Bete (800)-611-6083 or www.channing-bete.com. There will be no books available at the course to purchase, so order your books early.

CONSORTIUM HOSPITALS: VA Salt Lake City Health Care System, University of Utah Medical Center, St. Mark's Hospital, Pioneer Valley Hospital, Jordan Valley Hospital, Salt Lake Regional Medical Center, Lakeview Hospital.
To qualify as a consortium member, participants must be paid employee of a consortium hospital.

REGISTRATION: Complete and return this form and payment to: "UCHEP", 500 Foothill Drive (05HL), Salt Lake City, UT 84148 or Fax: (801) 588-0414.

FURTHER INFORMATION: Call UCHEP (801) 584-5600; Julia Urbanek (801) 582-1565, extension 1947

Again, all participants must bring the ACLS Provider manual & Self Assessment Test Results to the course as you will not be allowed into the course without it!

REGISTRATION FORM: ACLS 2010 – VA Salt Lake City Health Care System

Submission of this registration form indicates the participant has read, understands, and agrees to the above course requirements.

Course Dates: (Check One) Feb. 5 & 8, 2010 April 30 & May 3, 2010 Sep. 17 & 20, 2010 Oct. 29 & Nov 1, 2010

Please **PRINT** legibly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: Address: _____

Employer: _____

Daytime Phone: _____

Consortium member status verified: _____ (by UCHEP)

Examination Preference (Check One):

Day 2 – Group 1* (0730 – 1000) * as room allows

Day 2 – Group 2* (1000 - 1300) * as room allows

Proof of BLS Enclosed Verified: _____ (by UCHEP)

Method of Payment: Check Credit Card Amt. _____

Account Number: _____

Signature: _____