

**ADVANCED TRAUMA LIFE SUPPORT - ATLS® PROVIDER COURSE**

**COURSE DESCRIPTION:**

The ATLS® course is a continuing medical education program designed to teach doctors life-saving skills and a standardized approach to trauma care in the "golden hour". The course consists of pre- and post-course tests, core content lectures, interactive case presentations, discussions, development of life-saving skills, practical laboratory experiences and a final performance proficiency evaluation. The American College of Surgeons (ACS) sets the standards for this course and provides doctors who successfully complete the course with a card verifying successful course completion. Medical Students in their fourth year of medical school can participate in the course but will not receive this card until they provide proof of graduation.

**COURSE SPONSOR:** London Health Sciences Centre - Trauma Program & CSTAR

**COURSE FEE:**  **\$1,575.00** Practicing Physician  
 **\$1,275.00** Residents, Fellows & Physician Assistants  
 (Includes: Course Manual with Electronic Version, Lunches & Refreshments)

**ANY DIETARY RESTRICTIONS? (Specify):** \_\_\_\_\_

**CHEQUE PAYABLE TO:** Trauma Education Associates - ATLS®

**COURSE DATE (check one):** (10<sup>th</sup> Edition)

Feb 3 – 4, 2023	<input type="checkbox"/>
April 28 -29, 2023	<input type="checkbox"/>
June 28-29, 2023	<input type="checkbox"/> FULL
July 20-21, 2023	<input type="checkbox"/> FULL (Wait List Available)
Sept 15-16, 2023	<input type="checkbox"/>
Nov 17-18, 2023	<input type="checkbox"/>

*If these dates do not fit your schedule, call 519 667-6795 to be put on a waiting list and notified of future course dates.*

**CANCELLATIONS:**

**We reserve the right to cancel courses 30 days in advance of the course date due to insufficient registrations. Course fee will be refunded or you can move to another course date if available.**

**REFUND** - if notification received 30 days prior to course = fee paid less \$200.00  
**NO REFUND** - if cancellation within 30 days of course (substitutions allowed)

**\*NOTE:** Register early as registration is limited and courses are filled on a first come, first served basis.

**NAME:**  
**ADDRESS:**  
**CITY & PROVINCE:**  
**E-MAIL:**

**TELEPHONE:**  
**FAX:**  
**POSTAL CODE:**  
**PAGER (if applicable):**

**Please Check One:**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Physician  | <input type="checkbox"/> Surgeon, Specialty _____              |
| <input type="checkbox"/> Other, Specify _____ | <input type="checkbox"/> Resident_PGY (Year & Specialty) _____ |

**Please return:**

- 1) COMPLETED APPLICATION FORM, and
- 2) **CHEQUE MADE PAYABLE TO:** Trauma Education Associates - ATLS®
- 3) For payment by e-transfer please use email [tammy.mills@lhsc.on.ca](mailto:tammy.mills@lhsc.on.ca)

**To:** ATLS - Attention: Tammy Mills  
 Victoria Hospital Trauma Program E1-129  
 800 Commissioners Rd E  
 London, ON N6A 5W9  
 T: 519-667-6795 F: 519-667-6518

**Registration and course information please e-mail:** [tammy.mills@lhsc.on.ca](mailto:tammy.mills@lhsc.on.ca)