

**ADVANCED TRAUMA LIFE SUPPORT - ATLS® REFRESHER 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 American College of Surgeons (ACS) requires that physicians who wish to maintain current ATLS® status must complete a refresher course every four years. The refresher course consists of pre- and post-course tests, a review of core content, discussions of triage scenarios, and a performance proficiency evaluation.

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

**COURSE FEE:** **\$625.00 Per Participant (Includes: Course Material & Refreshments)**

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

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

**COURSE DATE (check one):**

Feb 4, 2023	Closed
Apr 29, 2023	waitlist
Sept 16, 2023	<input type="checkbox"/>
Nov 18, 2023	<input type="checkbox"/>

*If these dates do not fit your schedule, call 519 663-3111 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 \$100.00  
**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):**

**DATE & LOCATION OF PREVIOUS COURSE:**

**COURSE # OF PREVIOUS COURSE:**

*(NB: if last provider course date was more than 4.5 years prior to course date the ACS requires you to repeat the full Provider course)*

**Please Check One:**

Emergency Physician       Surgeon, Specialty \_\_\_\_\_       Other (specify) \_\_\_\_\_

**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)