

**ADVANCED TRAUMA LIFE SUPPORT - ATLS® PROVIDER COURSE
REQUEST TO AUDIT 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.

RN's, Paramedics & Allied Health Professionals may audit the course and will receive a certificate indicating their participation as an auditor.

COURSE SPONSOR: London Health Sciences Centre - Trauma Program & CSTAR
AUDITORS FEE: **\$275.00** Per Auditor (Includes Course Manual, Lunches & Refreshments)
CHEQUE PAYABLE TO: *Trauma Education Associates - ATLS®*

ANY DIETARY RESTRICTIONS? (Specify): _____

COURSE DATE (check one): (10th Edition)

- | | | |
|----------------------|--------------------------|---------------------|
| Jan 31 – Feb 1, 2020 | <input type="checkbox"/> | (Friday & Saturday) |
| April 24 -25, 2020 | <input type="checkbox"/> | (Friday & Saturday) |
| June 29-30, 2020 | <input type="checkbox"/> | (Monday & Tuesday) |
| July 30-31, 2020 | <input type="checkbox"/> | (Thursday & Friday) |
| Sept 25-26, 2020 | <input type="checkbox"/> | (Friday & Saturday) |
| Nov 20-21, 2020 | <input type="checkbox"/> | (Friday & Saturday) |

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 \$75.00
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 _____ **TELEPHONE** _____
ADDRESS _____
CITY & PROVINCE _____ **POSTAL CODE** _____
E-MAIL _____

Please Check One: [] Paramedic [] RN or B.Sc.N [] Other _____

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

To: ATLS - Attention: Tammy Mills
Victoria Hospital Trauma Program E1-129
800 Commissioners Rd E
London, ON N6A 5W9
E: tammy.mills@lhsc.on.ca
Tel: 519-667-6795 Fax: 519-667-6518

Registration and course information please contact: tammy.mills@lhsc.on.ca

