



London Health Sciences Centre

Trauma Program

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): (10th Edition)
Feb 5 – 6, 2021
April 23 -24, 2021
June 28-29, 2021 FULL
July 20-21, 2021 FULL (Wait List Available)
Sept 24-25, 2021
Nov 19-20, 2021

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:

Emergency Physician Surgeon, Specialty _____
 Other, Specify _____ 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

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