



PREHOSPITAL TRAUMA LIFE SUPPORT COURSES

REGISTRATION FORM

PHTLS COURSE OVERVIEW

The PHTLS courses is designed to provide healthcare providers with a pre-hospital trauma care philosophy, stressing the need to treat the multi-system trauma patient as a unique entity with specific needs. Upon completion of this course students will be able to recognize, identify and treat multi-system trauma patients, relate pathophysiology of injuries, and have a more comprehensive understanding of pre-hospital trauma interventions. Topics covered include - kinematics of trauma, identification of the mechanism of injury, patient assessment, airway management, shock, specific traumatic injuries (including head, spinal, thoracic, abdominal, musculoskeletal, burns, blunt and penetrating trauma) pediatric trauma, geriatric trauma, environmental trauma, pediatric assessment, rapid extrication, traumatic brain injuries, spinal immobilization (adult and pediatric), and special considerations such as disaster management and weapons of mass destruction.

Cost: PHTLS Provider Course \$ 285.00

CE/Contact Hours: PHTLS Provider Course— 16 hours, of CE/Contact hours are available for EMT's, Paramedics & RNs. Snowy River EMS Productions CE Provider # 60-0290. Snowy River EMS Productions is approved by the California Board of Registered Nursing Provider # CEP15433. The certification is valid for 4 years.

Registration: Students may register online at www.sremssp.com or complete the registration form and mail it in with a check. For more information, please contact us via email at register@sremssp.com. Confirmation materials will be sent, including directions to course locations. Students must register for classes 72 hours prior to the course date. **ON SITE REGISTRATION IS NOT AVAILABLE.**

Prerequisites: Students must bring a the completed pre-test to the course. Students should review the PHTLS textbook prior to the course. Texts may be purchased from www.emsbooks.com at a discounted rate please contact the office for details on discounted rates.

Rescheduling/Cancellation Policy: Students may re-schedule a course **once** for a \$50.00 fee with 7 days advance notice, with less than 7 days notice the rescheduling fee is **one half the course fee**. Failure to appear will result in a forfeiture of course fees. **THERE ARE NO REFUNDS.** Snowy River EMS Productions reserves the right to cancel a course up to 5 business days prior to the course date and fees will be refunded or students will be scheduled into another course.

2012 PHTLS PROVIDER COURSE SCHEDULE

0900—1800

**HOLIDAY INN EXPRESS & SUITES
OAKLAND, CA**

JANUARY 7 & 8

MARCH 24 & 25

APRIL 21 & 22

MAY 19 & 20

JUNE 9 & 10

JULY 21 & 22

AUGUST 25 & 26

SEPTEMBER 22 & 23

OCTOBER 13 & 14

NOVEMBER 10 & 11

DECEMBER 8 & 9

**AMERICAN MEDICAL RESPONSE—SAN
MATEO OPERATIONS— BURLINGAME, CA**

FEBRUARY 25 & 26

Sign up for:	Time	Price
Oakland Area PHTLS Provider Courses:		
<input type="checkbox"/> January & 9, 2012	09:00	\$285.00
<input type="checkbox"/> March 24 & 25, 2012	09:00	\$285.00
<input type="checkbox"/> April 21 & 22, 2012	09:00	\$285.00
<input type="checkbox"/> May 19 & 20, 2012	09:00	\$285.00
<input type="checkbox"/> June 9 & 10, 2012	09:00	\$285.00
<input type="checkbox"/> July 21 & 22, 2012	09:00	\$285.00
<input type="checkbox"/> August 25 & 26, 2012	09:00	\$285.00
<input type="checkbox"/> September 22 & 23, 2012	09:00	\$285.00
<input type="checkbox"/> October 13 & 14, 2012	09:00	\$285.00
<input type="checkbox"/> November 10 & 11, 2012	09:00	\$285.00
<input type="checkbox"/> December 8 & 9, 2012	09:00	\$285.00
Burlingame Area Provider Courses:		
<input type="checkbox"/> May 23 & 24, 2011	09:00	\$285.00

Total: _____

I have read and understand the textbook requirements for class and will bring the appropriate books to course. I know that I must prepare for class before and bring any applicable paperwork, (Pretest, verification materials and copies of cards to the course.

Name _____

Address _____

Employer _____

Phone _____ E-mail _____

EMT EMT-P RN MD Other: _____

License Number (EMT, EMT-P, RN, etc.) _____ Date of Birth _____

Method of Payment

Check Visa MasterCard Exp. date _____ CVM Code _____

Credit Card # _____

Signature _____

Send Registrations and payment to:
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Reno, NV 89502
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