



## Pediatric Advanced Life Support (PALS) Registration Form

| Mandatory      | ✓ Knowledge of ECG interpretation                                      |
|----------------|--|
| Prerequisites: | √ Valid Heart & Stroke BLS certification (within 12 months)            |
| Time:          | 0800-1630 hours (two days)   |
| Location:      | HSN Simulation Lab, Sudbury Outpatient Centre, 865 Regent Street South |

## **Course Description**

This course will enable participants to enhance their skills in the management of critically ill pediatric patients experiencing a cardiopulmonary event. PALS emphasizes the importance of gathering information to be able to recognize infants and children at risk for cardiopulmonary arrest; information and strategies to prevent cardiopulmonary arrest in infants and children; and the cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock or cardiopulmonary arrest.

## **Cancellation Policy**

No refunds or transfers will be issued within 7 business days of the course. If you are feeling unwell, or have any symptoms associated with COVID-19, please contact <u>certifications@hsnsudbury.ca</u> to cancel your registration.

| SELECT A COURSE DATE   |                       |  |  |
|--|-----------------------|--|--|
| ☐ June 21-22, 2021   | □ November 9-10, 2021 |  |  |
| October 13-14, 2021  | December 16-17, 2021  |  |  |
| Name:  |                       |  |  |
| Organization/Unit:   |                       |  |  |
| Email:   | Phone:                |  |  |
| Food Allergies or Dietary Restrictions:  |                       |  |  |
| ☐ By checking this box, I confirm that I have read and understand the Cancellation Policy which will be strictly enforced. |                       |  |  |
| ☐ By checking this box, I confirm that I have met/completed all mandatory prerequisites for this course.                   |                       |  |  |
| METHOD OF PAYMENT  | REGISTRATION FEES     |  |  |
| ☐ Visa ☐ Mastercard ☐ AMEX   | \$450.00              |  |  |
| Card Number:   |                       |  |  |
| Expiry Date:CV   | /V:                   |  |  |
| Name as it Appears on Card:  |                       |  |  |
| Cardholder's Signature:  |                       |  |  |

Submit your registration form and valid Heart & Stroke BLS certificate to <a href="mailto:certificates-will-be-accepted">certificates will-be-accepted</a>.

Only Heart & Stroke BLS certificates will be accepted.