

Pediatric Advanced Life Support Registration – 2018 (Children's Staff)

Name: _____ Profession: _____

Organization: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Method of Payment: Credit Card Check Payable to: Children's Hospital & Medical Center

Credit Card: Visa MasterCard Discover American Express Amount: \$95.00

CC Account number: _____ Exp date: _____ CVC# _____ (3 digits on back of card)

Name of card: _____

Signature: _____

PALS Provider Skills Sessions:	
<input type="checkbox"/> January 30 th	1:00pm-6:00pm
<input type="checkbox"/> February 20 th	8:00am-1:00pm
<input type="checkbox"/> March 15 th	1:00pm-6:00pm
<input type="checkbox"/> April 25 th	8:00pm-1:00pm
<input type="checkbox"/> May 7 th	1:00pm-6:00pm
<input type="checkbox"/> June 20 th	8:00am-1:00pm
<input type="checkbox"/> June 21 st	8:00am-12:30pm
<input type="checkbox"/> July 26 th	8:00pm-1:00pm
<input type="checkbox"/> August 23 rd	1:00pm-6:00pm
<input type="checkbox"/> September 25 th	1:00pm-6:00pm
<input type="checkbox"/> October 25 th	1:00pm-6:00pm
<input type="checkbox"/> November 19 th	8:00am-1:00pm

PALS Renewal Skills Sessions:	
<input type="checkbox"/> January 29 th	1:00pm-5:00pm
<input type="checkbox"/> January 30 th	8:00am-12:00pm
<input type="checkbox"/> February 19 th	8:00am-12:00pm
<input type="checkbox"/> February 19 th	1:00pm-5:00pm
<input type="checkbox"/> March 14 th	1:00pm-5:00pm
<input type="checkbox"/> March 15 th	8:00am-12:00pm
<input type="checkbox"/> March 16 th	8:00am-12:00pm
<input type="checkbox"/> April 24 th	8:00am-12:00pm
<input type="checkbox"/> April 24 th	1:00pm-5:00pm
<input type="checkbox"/> May 8 th	8:00am-12:00pm
<input type="checkbox"/> May 8 th	1:00pm-5:00pm
<input type="checkbox"/> May 9 th	8:00am-12:00pm
<input type="checkbox"/> June 18 th	8:00am-12:00pm
<input type="checkbox"/> June 18 th	1:00pm-5:00pm
<input type="checkbox"/> June 19 th	8:00am-12:00pm
<input type="checkbox"/> July 25 th	1:00pm-5:00pm
<input type="checkbox"/> July 27 th	8:00am-12:00pm
<input type="checkbox"/> August 22 nd	1:00pm-5:00pm
<input type="checkbox"/> August 23 rd	8:00am-12:00pm
<input type="checkbox"/> August 24 th	8:00am-12:00pm
<input type="checkbox"/> September 24 th	1:00pm-5:00pm
<input type="checkbox"/> September 25 th	8:00am-12:00pm
<input type="checkbox"/> September 26 th	8:00am-12:00pm
<input type="checkbox"/> October 24 th	1:00pm-5:00pm
<input type="checkbox"/> October 25 th	8:00am-12:00pm
<input type="checkbox"/> October 26 th	8:00pm-12:00pm
<input type="checkbox"/> November 14 th	1:00pm-5:00pm
<input type="checkbox"/> November 15 th	8:00am-12:00pm
<input type="checkbox"/> November 15 th	1:00pm-5:00pm
<input type="checkbox"/> December 10 th	1:00pm-5:00pm

Cost: \$95.00
(includes PALS HeartCode, Skills session, and e-card)

Please send completed form & payment via mail, fax or email to:
 Children's Hospital & Medical Center
 Nursing Education
 8200 Dodge Street
 Omaha, NE 68114
Email: mcarper@childrensomaha.org
Phone: 402-955-6058

You will be assigned HeartCode PALS through Cornerstone approximately 60 days prior to your Skills class.