

Pediatric Advanced Life Support (PALS)



2019 Registration Form (Children's Employee)

Name: _____

Profession: _____ Organization: _____

Email Address: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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

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

CC Account number: _____ Exp date: _____ CVC#: _____

Name on card: _____

Signature: _____

| PALS Provider Skills Sessions: | | |
|--------------------------------|--------------------|---------------|
| <input type="checkbox"/> | January 16, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | February 4, 2019 | 1:00pm-6:00pm |
| <input type="checkbox"/> | March 15, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | April 10, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | May 14, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | June 19, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | July 25, 2019 | 1:00pm-6:00pm |
| <input type="checkbox"/> | August 15, 2019 | 1:00pm-6:00pm |
| <input type="checkbox"/> | September 19, 2019 | 1:00pm-6:00pm |
| <input type="checkbox"/> | October 11, 2019 | 8:00am-1:00pm |
| <input type="checkbox"/> | November 18, 2019 | 1:00pm-6:00pm |

| PALS Renewal Skills Sessions: | | |
|-------------------------------|--------------------|----------------|
| <input type="checkbox"/> | January 14, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | January 15, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | February 4, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | February 5, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | March 13, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | March 14, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | April 8, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | April 9, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | April 9, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | May 13, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | May 15, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | June 17, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | June 18, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | June 18, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | July 25, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | August 14, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | August 15, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | September 16, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | September 19, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | September 20, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | October 9, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | October 23, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | October 25, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | November 11, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | November 15, 2019 | 1:00pm-5:00pm |
| <input type="checkbox"/> | November 18, 2019 | 8:00am-12:00pm |
| <input type="checkbox"/> | December 2, 2019 | 1:00pm-5:00pm |

Cost: \$95.00
(includes HeartCode PALS, 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: PALS@childrensomaha.org
Phone: 402-955-6058
Fax: 402-955-3825

You will be assigned HeartCode PALS through Cornerstone approximately 60 days prior to your skills session.

The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.