

# Regional Emergency Medical Training Group

Education for the HealthCare Provider and the Non-Medical Professional

## COURSE OFFERINGS for COMMUNITY HOSPITAL

CLASS	DATE / TIME	PLACE	FEE
<b>Advanced Cardiac Life Support</b>			
ACLS Prep Class	April 14 & 15, 2009; 1800 to ~2200	C.H., LLCR	\$120
ACLS, ReCert	April 16, 2010; 0830 to ~1700	C.H., LLCR	\$140
ACLS, Initial	April 29 & 30, 2010; 0830 to ~1700	C.H., LLCR	\$180

Pre-Course study & completion of pre-test is required. Pre-test must be submitted at start of class, along with proof of current CPR certification and current ACLS card if enrolling in ACLS ReCert Course. Fees listed above are for non-Community Hospital employees.

### Pediatric Advanced Life Support

PALS ReCert	March 8, 2010; 0800-1600	C.H., LLCR	\$140
PALS ReCert	July 8, 2010, 0800-1600	C.H., LLCR	\$140
PALS, Initial	Sept 1 & 2, 2010; 0800-1600& 0800-1400	C.H., LLCR	\$180

Pre-Course study & completion of pre-test is required. Pre-test must be submitted at start of class, along with proof of current CPR certification and current PALS certification if enrolling in PALS ReCert. Course. Fees listed above are for non-Community Hospital employees.

### Basic Cardiac life Support (HealthCare Provider CPR)

BLS & BLS ReCert	January 20, 2010; 0830-1230	C.H., LLCR	\$55
BLS & BLS ReCert	February 5, 2010; 0830-1230	C.H., LLCR	\$55
BLS & BLS ReCert	February 12, 2009; 0830-1230	C.H., LLCR	\$55
BLS & BLS Recert	March 1, 2010; 0900-1300	C.H., LLCR	\$55
BLS & BLS Recert	June 4, 2009; 0830-1230	C.H., LLCR	\$55
BLS & BLS ReCert	September 13, 2010; 0800-1200	C.H., LLCR	\$55
BLS & BLS ReCert	December 13, 2010; 0800-1200	C.H., LLCR	\$55

Initial and ReCert classes are conducted same time/day. Student must show proof of current HCP CPR card to qualify for ReCert class. Extended class time will be available for students who may need additional instruction. Fees listed above are for non-Community Hospital employees.

**To register for any of the classes above, submit the following information by email:**

1. First and last name
2. Name of class in which enrolling (specify certification or recertification)
3. Date(s) of class
4. Phone number
5. Name of employer

Email to: [mwens@qjhosp.org](mailto:mwens@qjhosp.org)

Enrollment will be confirmed by return email. Non-Community Hospital enrollees are wait-listed and will be notified 5 days prior to the class as to whether or not they are registered. Payment will be requested at that time. For questions, please contact: 970.256.6196.