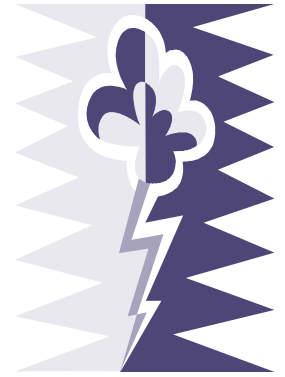


**Health
Education
Associates**

ACLS



**Maintaining the
Standards in West
Michigan**

**Fall
2008**

Health Education Associates

7328 Ramsdell NE
Rockford, MI 49341-8077

Courses

Description: *Advanced cardiac life support (ACLS) is a nationally recognized training program designed by the American Heart Association for physicians, nurses, paramedics, and other medical personnel. It is designed to teach and evaluate the cognitive and psychomotor skills needed for basic and advanced cardiac care.*

Methods: *Small group discussion, learning stations, practice-while-watching video stations, and a written evaluation. Study prior to class is essential. You will be required to complete the ECG, Pharmacology, and Practical precourse assessment tests included in your precourse materials. You will be expected to demonstrate knowledge of:*

- * *CPR/AED*
- * *Management of Respiratory Arrest*
- * *Electrical therapy*
- * *Emergency cardiac drugs*
- * *Dysrhythmia recognition*
- * *Algorithms*
- * *Arrest team roles and responsibilities*

Prerequisites:

- * *Provider courses: Participants are strongly encouraged to have a current Basic Life Support Healthcare Provider CPR card.*
- * *Retrainer course: A current ACLS card is required and must be presented at class. There is no grace period. Participants are strongly encouraged to have a current BCLS card.*
- * *Need BCLS Course? Call us for upcoming courses in the area.*

Course Faculty

Medical Directors (teaching many stations):

Dr. Don Albrecht

Dr. Mary Boyer

Dr. Sara Dora

Dr. Melonie Ice

Dr. Bryant Pierce

Dr. David Raffo

Dr. Jeff Wilt

Instructors:

ACLS instructors from various specialties: physicians, nurses, paramedics, respirator therapists, and physician assistants.

Coordinators:

Laura Braunohler RN, MSN, ANP

Carol Gates RN, MSN, FCN

Questions?

☼ Call Laura or Carol

(616) 874-8800

☼ Website: www.healthedu.com

☼ E-mail: acls@chartermi.net

Policies

Registration:

- ☼ Register early so confirmation & preparation materials may be sent.
- ☼ First come, first serve.

Cancellation:

- ☼ Substitutions or transfer to another course is permitted.
- ☼ Cancellations, substitutions, or transfers will be accepted (less \$25 fee).
- ☼ “No shows” will receive no refund.

Accreditation

Physicians: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Grand Rapids Medical Education & Research Center and Health Education Associates. The Grand Rapids Medical Education & Research Center is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The Grand Rapids Medical Education & Research Center designates this educational activity for a maximum of 8.0 AMA PRA Category 1 credits for the provider and 6.0 for the retrainee course. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses: 9.0 contact hours will be awarded for provider and 7.0 for retrainee courses.

Paramedics: MDCIS credits will be awarded.

Dates & Locations

Provider Course

- ◆ First time or if you've "expired"
- ◆ 8 am—5:30 pm

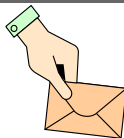
Retrainer Course

- ◆ Have current ACLS card
- ◆ 8 am—2:30 pm

Date (Includes provider & re-trainer)

- Sept. 5 Ingham Medical Center
(F) Lansing
- Sept. 13 Metropolitan Hosp.
(S) Grand Rapids
- Sept. 19 Ingham Medical Center
(F) Lansing
- Sept. 26 Zeeland Hospital
(F) Zeeland
- Oct. 4 Hayes Green Beech Hosp.
(S) Charlotte
- Oct. 18 N. Ottawa Comm. Hosp.
(S) Grand Haven
- Oct. 25 St. Mary's at Wege
(S) Grand Rapids
- Nov. 8 Pennock Hospital
(F) Hastings
- Nov. 22 St. Mary's at Wege
(S) Grand Rapids

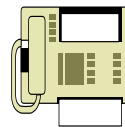
Registration Form



By Mail:
7328 Ramsdell NE
Rockford, MI
49341



By Phone:
616-874-8800
Credit Card



By Fax: 616
-682-1012
Credit Card

Name _____

(please print) First Last

Address _____

City/State _____ **Zip** _____

Phone: Home _____

Work _____

Email: _____

Profession _____

ACLS Provider \$230 _____ (which date?)
(Includes 2006 textbook & all study materials)

ACLS Retraining \$155 _____ (which date?)
(Includes study materials but no textbook)

_____ **Need ACLS textbook \$30 (retrainer only)**

Method of payment:

Check/money order payable to HEA

Credit card **Visa** **MC**

_____ **Account Number**

_____ **Exp. Date**

(Signature) _____