



*American Heart Association's*  
**PEDIATRIC ADVANCE LIFE SUPPORT**  
**2020 PALS REGISTRATION FORM**

Prerequisites: **Basic EKG interpretation skills. Please bring a copy of the pre-course self assessment test and a copy of a current BLS Healthcare Provider card. Participants must have a current BLS Healthcare Provider CPR card in order to attend class.**

**PLEASE PRINT LEGIBLY!**

Name: \_\_\_\_\_ Credentials: Paramedic MD RN Other \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency Affiliation \_\_\_\_\_

- Check (Payable to PAEMS Office)  
 Master Card  Visa  Discover Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please check:**

- |                                                      |                 |                                                                                                                     |
|------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wednesday, March 4, 2020    | 8:00AM – 5:00PM | <input type="checkbox"/> New                                                                                        |
| <input type="checkbox"/> Wednesday, July 1, 2020     | 8:00AM – 5:00PM | <input type="checkbox"/> <i>I have taken an EKG course and/or am confident with basic arrhythmia interpretation</i> |
| <input type="checkbox"/> Wednesday, November 4, 2020 | 8:00AM – 5:00PM | <input type="checkbox"/> Renewal <b>Expiration Date:</b> _____                                                      |

**Course Fee: Provider Course: \$160.00**  
**Renewal Course: \$130.00**  
 (Payment includes PALS Provider Manual) **Renewals must have a current PALS card**

**Please return completed registration form to:**  
 OSF Healthcare Saint Francis Medical Center  
 PAEMS Office  
 530 NE Glen Oak Ave.  
 Peoria, Illinois 61637 Phone: (309) 624-4638 FAX: (309) 655-2090

**Course Location:**  
 PAEMS Office  
 304 E. Illinois Ave  
 Peoria, Illinois 61603 For additional information, call (309) 624-4638 or email Danelle.a.geraci@osfhealthcare.org

**Registration: Registration deadline is two weeks prior to class date.**  
 Pre-course materials will be mailed prior to course. Contact The PAEMS Office if you have not received the pre-course packet at least 2 weeks prior to class.

**Books: You MUST have a student textbook/handbook to complete pre-course requirements, including the pre-test.**  
 I have my own book. I am enclosing payment to cover the cost of the course only. (Deduct \$60.00)

\_\_\_\_\_  
 Registrant Signature Date