

All courses are held on
Saturday & Sunday
(08:30 - 16:30)

February 24-25
April 7-8
April 28-29
May 26-27
August 11-12
September 15-16
October 13-14
November 24-25

For More Information

MCMASTER UNIVERSITY CONTINUING HEALTH SCIENCES EDUCATION

P: 905-525-9140 ext. 22671

F: 905-572-7099

E: cmereg@mcmaster.ca

www.fhs.mcmaster.ca/conted

Target Audience

- Physicians
- Residents
- Interns
- Nurses
- RN (EC)'s
- IMGs, PGY1
- All Other Health Professionals

Advanced Cardiac Life Support



2018 Courses

STUDY CREDITS

This Group Learning program meets the certification criteria for the College of Family Physicians of Canada and has been certified by McMaster University, Continuing Health Sciences Education for 8 Mainpro+ credits.

Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

FEE SCHEDULE

McMaster Residents:

Your fee will be paid by the Postgraduate Program however, you **MUST** leave credit card information with the Continuing Health Sciences Education Program to hold a spot in the course. Manuals are not included.

Community Physicians: \$480.00

Residents/Inter. Foreign Medical Grads: \$410.00

Nurses/Other Health/Med Students: \$340.00

1 day Recert Course for Physicians: \$360.00

1 day Recert Course for Nurses /Other: \$245.00

*Recert is one day (Saturday) only

PRE-REQUISITES:

- **BCLS certification is mandatory. Only a Heart & Stroke HSFO certificate will be accepted. Please bring your BCLS card to be checked upon arrival at the course.**
- **All participants must have a good understanding of cardiac rhythms, being able to identify the most common arrhythmias.**

GENERAL INFORMATION

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, speakers and planning committee members participating in this course have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material. Disclosure must be done verbally and using a slide prior to the speaker's presentation.

CONFIRMATION OF REGISTRATION

A written acknowledgment of your registration will be sent via email if provided. Receipts will be provided in your registrant package upon arrival at the activity. If you have not received a confirmation within 7 days of registration, please contact the CHSE office.

Registration Form

Advanced Cardiac Life Support - 2018 Sessions

On our website, this is an electronic PDF form. You can type directly in the spaces provided online using any PDF software. You must then print & submit it to us via mail, fax or in person. This is NOT an online registration.

Fees

Please check one:

- Community Physicians: \$480
- Residents/Inter. Foreign Medical Grads: \$410
- Nurses/Other Health/Med Students: \$340
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Dr. Mr. Mrs. Miss. Ms.

*** If you are a McMaster PGY1 please contact our office.**

I CONSENT to having my name, address and email added to the CHSE mailing database for upcoming CME activities Yes No

Surname

Given

Profession: GP Spec Res RN RN (EC) RPN IMG OT/PT PGY1 Pharm Other

Specify

Address

City

Province Postal Code

Area Code Phone

FOR OFFICE USE ONLY
Activity Code: ACLS2018

Area Code Fax Cell

Email

Payment By: Visa M/C AMEX CHEQUE CASH

Pls make cheque payable to "McMaster University" *Cheque must be received one week prior to the date of the activity.

CVD Number:

Amount: \$. 0 0

CARD NUMBER

Expiry: Month Year Signature

BOOK INFORMATION

You may obtain a copy of the ACLS Manual by purchasing the book at any University Health Science bookstore, or you may order online from Heart and Stroke resuscitation. heartandstroke.ca (click on: SHOP FOR TRAINING MATERIALS). Also available online from Heart and Stroke is the ACLS Pocketbook: HANDBOOK OF EMERGENCY CARDIOVASCULAR CARE 2015.

This pocketbook has all the information necessary for reference to all the algorithms, drugs and dosages, the MI and paediatric resuscitation. This pocketbook is also available for purchase at the ACLS course for \$42.00 (tax included).

Please indicate which session in 2018 you are registering for:

- February 24-25 August 11-12
- April 7-8 September 15-16
- April 28-29 October 13-14
- May 26-27 November 24-25

Have you taken an ACLS course before? Yes No
Is this a RE-CERT course (1 day)? Yes No

*Participants (including re-certs) are required to show current BCLS Card to instructor upon arrival

**All re-certs are offered on the Saturday ONLY

PLEASE IDENTIFY ANY ACCESSIBILITY NEEDS:

THERE ARE 4 WAYS TO REGISTER...

*****Limited space is available!*****

BY PHONE
Call 905 525-9140 ext 22671
(Visa, MasterCard or AMEX are accepted)

BY FAX
Fax the completed registration form with a Visa, MasterCard or AMEX number to: 905-572-7099

IN PERSON
Bring your completed registration form with Visa, MasterCard, AMEX, cheque or cash payment to the:
Continuing Health Sciences Education Program
100 Main Street West, 5th Floor, Room 5004
Hamilton, ON L8P 1H6
Mon. to Fri. between the hours of 09:30 - 16:00

BY MAIL
Mail your completed registration form to:
Continuing Health Sciences Education Program
1280 Main St. W., DBHSC, Room 5004
Hamilton, ON L8S 4K1

VISIT OUR WEBSITE FOR MORE CME ACTIVITIES:

www.fhs.mcmaster.ca/conted

CANCELLATION POLICY

Advanced Cardiac Care reserves the right to cancel a course due to insufficient registration or any circumstances that are beyond our control.

Cancellations up to 3 weeks prior to the course will be refunded minus a 25% administrative fee. One transfer is permitted with a \$100.00 fee at time of transfer. No refunds will be made on any cancellations after this deadline.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use and to notify you of other courses or pertinent information. Financial information will be used to process applicable fees and will be retained for future reference. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.