

Sponsored by the Maine Chapter of the ACOFP

Advanced Cardiovascular Life Support
ACLS For The Osteopathic Physician
Thursday, February 7, 2008
Marriott at Sable Oaks ~ South Portland, Maine

Target Audience: The course is designed for medical providers such as physicians, nurses, emergency medical technicians, paramedics, respiratory therapists, and other professionals who may respond to a cardiovascular emergency.

The Course: This one day course is totally designed for healthcare providers who either direct or participate in the resuscitation of a patient, whether in or out of a hospital setting. Through the ACLS course, providers will enhance their skills in the treatment of the adult victim of a cardiac arrest or other cardiopulmonary emergencies. ACLS emphasizes the importance of basic life support CPR to patient survival, the integration of effective basic life support with advanced cardiovascular life support interventions, and the importance of effective team interaction and communication during resuscitation.

ACLS is based on simulated clinical scenarios that encourage active, hands-on participation through learning stations where students will practice essential skills individually, as part of a team, and as team leader. Realistic simulations reinforce the following key concepts: proficiency in basic life support care; recognizing and initiating early management of peri-arrest conditions; managing cardiac arrest; identifying and treating ischemic chest pain and acute coronary syndromes; recognizing other life-threatening clinical situations (such as stroke) and providing initial care; ACLS algorithms; and effective resuscitation team dynamics.

Participants Requirements:

- Participants must complete pre-course assessment and pass with a grade of 80 or higher.
- Participants must have computer access to complete pre-course materials and view study materials.
- Course materials will be mailed to each participant prior to the course.

ACLS Course Information:

Date: Thursday, February 7, 2008~ Marriott at Sable Oaks, South Portland, Maine

Time: 8:00 a.m. - 5:00 p.m.~ including breaks and lunch

Cost: \$250.00 per participant ~ includes all course materials, continental breakfast, lunch and breaks

CME Hours: 7.5

Course Provider: EMC ~ Emergency Medical Consultants, an authorized Community Training Center for the American Heart Association

Participant Materials: ACLS Provider Manual ~ ACLS Student CD ~ ACLS Pre-course Checklist

Card Type: Course completion

Written/Skills Exam: Required for completion card

Registration: See Reverse Side

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Registration Form

Course Registration

Complete and forward the registration form with payment to the MOA office using one of the options listed. Once your registration has been received at the MOA office, a letter of confirmation will be mailed and/or emailed to the provided address. Course participation is limited. Registrations will be confirmed on a first-come, first-serve basis. Once the course has reached its maximum number of participants, the MOA office will place additional registrars on a waiting list in the order they are received; and in the event of a cancellation, those on the waiting list will be called in the order in which they were received. If you are unable to participate in the course once you have registered, a \$100.00 refund will be provided in the event that you cancel within fourteen (14) business days of the course (January 18, 2008). We regret that refunds will not be issued after the cancellation date of January 18, 2008. Any questions pertaining to course content may be forwarded to emc@maine.rr.com.

Registration:

Name: _____

MOA #: _____ AOA #: _____

Address to send pre-course materials: _____

City _____, State _____, Zip _____

Work Ph: _____ Fax: _____

Email: _____

Special Needs/Assistance you may require: _____

Please check appropriate status:

MOA Member

Non Member

Other Osteopathic Association Member

Other 1st Year in Practice

2nd Year in Practice

Retired/Honorary Life member

P.A.'s, N.P.'s or Nurses

Payment:

Amount Due: \$ 250.00 per participant

My check payable to the MOA is enclosed: Please charge my: Visa Mastercard American Express

Name on Card: _____

Card No: _____ - _____ - _____ - _____ Exp. Date: _____

Send registration form with payment to:

Maine Osteopathic Association

693 Western Avenue, #1, Manchester, ME 04351

Credit card users may register by fax to:

207-623-4228 or on-line at www.mainedo.org

If you have any questions, please contact the

MOA office at 207-623-1101 or djackson@mainedo.org

MOA OFFICE USE ONLY

Date Rec'd: _____ Check/CC: _____ Check #: _____

Amount: _____ Confirmation Sent _____