

EKG: Basic Interpretation

HealthONE EMS, in partnership with Arapahoe Community College, offers the Basic EKG course. This 30-hour course is open to all interested parties and is of particular benefit to those working in emergency departments, telemetry units, or preparing for entry into an EMT-Paramedic program. *Please note that this course will cover dysrhythmia interpretation and analysis. It does not include the management of dysrhythmias.*

This course is web enhanced. In addition to classroom time some course work will be completed online. Students must have internet access preferably with a high speed connection.

Dates	Days	Times	Registration encouraged by
February 15 – March 17, 2010	Monday & Wednesday	6:00 PM – 9:00 PM	February 8, 2010
August 23 – September 22, 2010	Monday & Wednesday	6:00 PM – 9:00 PM	August 16, 2010

Location: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

Prerequisites: • Internet access

Tuition: \$200.15 (Paid to Arapahoe Community College, subject to change without notification, and based on Colorado State Residency Requirement. Tuition listed reflects discount after student has applied for the College Opportunity Fund at www.collegeincolorado.org. The guideline to qualify for Colorado residency status is 12 months of continuous physical presence in Colorado at the time of course registration.) Revised by ACC June 2009.

\$30.00 non-refundable application fee (paid to HealthONE EMS)

Text: **Required:** *ECG Made Easy*, Barbara Aehlert, Mosby, Inc. St. Louis, MO and *ECG Workout: Exercises in Arrhythmia Interpretation*, Huff, Jane, Lippincott, available at the Arapahoe Community College bookstore

Education Credit: 30 continuing education units and students also receive 2 semester hours of college credit through Arapahoe Community College

Registration: Registration encouraged by the date listed above to reserve your space. Send your registration form to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110.

-----Clip and Mail-----

Basic EKG Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.
Address	City	State
Zip	State	Zip
Home Phone	Cell Phone	HealthONE EMS Membership #
Work Phone	Email	Last 4 SSN
Agency		

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #		Exp. Date		/
-------------------------------------	-------------------------------	---------------	--	-----------	--	---

Cardholder Name		Signature	
-----------------	--	-----------	--

We must have your expiration date and signature to accept payment with a credit card. Amount Enclosed \$

Check Money Order Cash PO#

How did you hear about this course?

<input type="checkbox"/> Agency	<input type="checkbox"/> Web page	<input type="checkbox"/> Flyer	<input type="checkbox"/> Catalog	<input type="checkbox"/> Other	<input style="width: 100%;" type="text"/>
---------------------------------	-----------------------------------	--------------------------------	----------------------------------	--------------------------------	---