

Prehospital Trauma Life Support (PHTLS) Provider

The PHTLS Provider course is an intensive 16-hour experience. It is available to all levels of prehospital care providers and programs are typically attended by emergency first responders (fire, police, search and rescue, etc.), EMTs, paramedics, nurses (including: industrial based occupational health nurses), physicians, and physician assistants.

The course is scenario-based, with lectures and interactive skills station components meant to enhance the prehospital care provider's knowledge, and further develop the critical thinking skills required to effectively treat the trauma patient in the field.

Dates	Days	Times	Registration encouraged by
February 1 & 2, 2010	Monday & Tuesday	8:00 AM – 5:00 PM	January 25, 2010
March 15 & 16, 2010	Monday & Tuesday	7:30 AM – 4:30 PM	March 8, 2010
September 13 & 14, 2010	Monday & Tuesday	7:30 AM – 4:30 PM	September 6, 2010
December 13 & 14, 2010	Monday & Tuesday	8:00 AM – 5:00 PM	December 6, 2010

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

Prerequisites:

- Submit copy of professional license or certification as a physician, nurse, EMT-P or EMT-B with registration
- Internet access

Tuition: \$180.00

Text: **Required:** *PHTLS Provider Manual*, available at the Arapahoe Community College bookstore

Education Credit: 16 continuing education units

Registration: Registration encouraged by date listed above to reserve your space. Send your registration form, prerequisite documentation, and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment and prerequisites must be enclosed with registration to confirm a seat in the class.

Cancellation: Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

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

Prehospital Trauma Life Support (PHTLS) Provider Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Address	City	State
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Home Phone	Cell Phone	HealthONE EMS Membership #
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Work Phone	Email	Last 4 SSN
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Agency		
<input style="width: 95%; height: 20px;" type="text"/>		

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #	<input style="width: 150px;" type="text"/>	Exp. Date	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>
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Cardholder Name	<input style="width: 300px;" type="text"/>	Signature	<input style="width: 200px;" type="text"/>
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We must have your expiration date and signature to accept payment with a credit card.		Amount Enclosed	\$ <input style="width: 100px;" type="text"/>
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<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash	<input type="checkbox"/> PO#	<input style="width: 80px;" type="text"/>
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: 100px;" type="text"/>