



PREHOSPITAL TRAUMA LIFE SUPPORT COURSES

REGISTRATION FORM

PHTLS COURSE OVERVIEW

The PHTLS course is designed to provide healthcare providers with a pre-hospital trauma care philosophy, stressing the need to treat the multi-system trauma patient as a unique entity with specific needs. Upon completion of this course students will be able to recognize, identify and treat multi-system trauma patients, relate pathophysiology of injuries, and have a more comprehensive understanding of pre-hospital trauma interventions. Topics covered include - kinematics of trauma, identification of the mechanism of injury, patient assessment, airway management, shock, specific traumatic injuries (including head, spinal, thoracic, abdominal, musculoskeletal, burns, blunt and penetrating trauma) pediatric trauma, geriatric trauma, environmental trauma, pediatric assessment, rapid extrication, traumatic brain injuries, spinal immobilization (adult and pediatric), and special considerations such as disaster management and weapons of mass destruction.

Cost: PHTLS Provider Course \$ 295.00

CE/Contact Hours: PHTLS Provider Course— 16 hours, of CE/Contact hours are available for EMT's. Paramedics & RNs. Snowy River EMS Productions CE Provider # 60-0290. Snowy River EMS Productions is approved by the California Board of Registered Nursing Provider # CEP15433. The certification is valid for 4 years.

Registration: Students may register online at www.sremsp.com or complete the registration form and mail it in with a check. For more information, please contact us via email at register@sremsp.com. Confirmation materials will be sent via email, including directions to course locations. Students must register for classes 72 hours prior to the course date. **ON SITE REGISTRATION IS NOT AVAILABLE.**

Prerequisites: Students must bring a the completed pretest to the course. Students must also bring a copy of the current PHTLS Textbook and Course Manual to class. Details on purchasing a textbook are contained in the confirmation materials.

Rescheduling/Cancellation Policy: Students may re-schedule a course **once** for a \$50.00 fee with 7 days advance notice, with less than 7 days notice the rescheduling fee is **one half the course fee**. Failure to appear will result in a forfeiture of course fees. **THERE ARE NO REFUNDS.** Snowy River EMS Productions reserves the right to cancel a course up to 5 business days prior to the course date and fees will be refunded or students will be scheduled into another course.

2020 PHTLS PROVIDER 9TH EDITION COURSE SCHEDULE 0900—1800

AMERICAN MEDICAL RESPONSE
SAN MATEO OPERATIONS—
BURLINGAME, CA

JANUARY 11 & 12
FEBRUARY 22 & 23
MARCH 14 & 15
APRIL 4 & 5
MAY 2 & 3
JUNE 13 & 14
JULY 11 & 12
AUGUST 22 & 23
OCTOBER 3 & 4
NOVEMBER 7 & 8
DECEMBER 12 & 13

Sign up for: Time Price

Burlingame Area Provider Courses:

<input type="checkbox"/> January 11 & 12, 2020	09:00	\$295.00
<input type="checkbox"/> February 22 & 23, 2020	09:00	\$295.00
<input type="checkbox"/> March 14 & 15 2020	09:00	\$295.00
<input type="checkbox"/> April 4 & 5, 2020	09:00	\$295.00
<input type="checkbox"/> May 2 & 3, 2020	09:00	\$295.00
<input type="checkbox"/> June 13 & 14, 2020	09:00	\$295.00
<input type="checkbox"/> July 11 & 12, 2020	09:00	\$295.00
<input type="checkbox"/> August 22 & 23, 2020	09:00	\$295.00
<input type="checkbox"/> October 3 & 4, 2020	09:00	\$295.00
<input type="checkbox"/> November 7 & 8, 2020	09:00	\$295.00
<input type="checkbox"/> December 12 & 13, 2020	09:00	\$295.00

Total: _____

☐ I have read and understand the textbook requirements for class and will bring the appropriate books to course. I know that I must prepare for class before and bring any applicable paperwork, (Pretest, verification materials and copies of cards to the course.

Name _____	
Address _____	
Employer _____	
Phone _____	E-mail _____
<input type="checkbox"/> EMT <input type="checkbox"/> EMT-P <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> Other: _____	
License Number (EMT, EMT-P, RN, etc.) _____	Date of Birth _____
Method of Payment	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	
Credit Card # _____	Exp. date _____ CVM Code _____
Signature _____	

Send Registrations and payment to:

Snowy River EMS Productions LLC
INDIANA FIELD OFFICE
14350 Mundy Dr. # 800-267
Noblesville IN 46060
Phone: 775-384-2248
Register online at - www.sremsp.com