

PALS Instructor Essentials Course

Friday, July 14, 2017 • 9 a.m. - 5 p.m.

Location: SR-AHEC, Auditorium A - 3rd Floor

Target Audience

This instructor level course is designed for those who are strongly motivated to teach with a high level of enthusiasm and have excellent PALS performance skills.

Description

Prior to taking this course, candidates must have a current course completion card in PALS and BLS. Candidates must also have aligned with an AHA PALS Training Center that is accepting new PALS Instructors. Upon completion of the classroom course, you will need to be monitored and mentored by a Training Center Faculty within 6 months, when you teach your first course. Once you have been successfully monitored and the paperwork is turned in to your Training Center, you will receive your instructor card which is valid for two (2) years. In some cases instructor candidates may require additional monitoring before their instructor status can be conferred.

Objectives

At the conclusion of this presentation, the participant should be able to:

- TBA

Speakers

TBA

Fee

Registration deadline July 11. Class size limited to the first 10 paid participants.

\$250

\$225 for Current AHA Instructors Aligned with SR-AHEC Training Center teaching ACLS and/or BLS

Course fee includes PALS Instructor Manual, PALS Instructor Essential Online Access Key, and lunch.



Credit

TBA

The American Heart Association (AHA) strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of the materials in an educational course does not represent course sponsorship by the AHA, and any fees charged for such a course do not represent income to the Association.

Contact

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 **LinkedIn:** <https://www.linkedin.com/groups/7412009>

Registration Form

Form may be duplicated.

PALS Instructor Essentials Course

CASCE #52904 / NU170714

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=52904>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name		Last 4 digits of SS#	
Certifications/Degrees	Specialty Area	Are you an NCC?	
Employer	Job Title		
Work Address	City	State	Zip Code
Home Address	City	State	Zip Code
Phone (work)	(home)		

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) (secondary)

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # Expiration Date (mm/yy)

Name on Card Signature

The handouts for the program will be provided online through MyCE located on the SR-AHEC website: www.sr-ahec.org. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: <http://sr-ahec.org/ContinuingEd/CE.html>

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

SR-AHEC.org
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(910) 678-7226

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