

## **(ACLS) Advanced Cardiac Life Support**

***Basic Life Support (BLS) is a prerequisite.***

This two day course is designed to give physicians, dentists, nurses, physician's assistants, nurse practitioners, emergency medical personnel and others the knowledge and skills to evaluate and manage an adult who experiences a sudden cardiopulmonary arrest. The ACLS course is designed to help attendees make multiple assessment and management decisions quickly. The ACLS course uses case based teaching. The cases cover respiratory emergencies, 4 types of cardiac arrest: (simple VF, VT, PEA and asystole), and 5 types of pre-arrest emergencies (bradycardia, stable tachycardia, unstable tachycardia, acute coronary syndromes and acute stroke). For each case, the ACLS instructor will review 3 roles: (1) a lone rescuer, (2) a team member, and (3) a resuscitation team leader.

Location: Baystate Health Education Center

Tuition: \$325

November 19 & 20, 2009

January 28 & 29, 2010

March 18 & 19, 2010

May 13 & 14, 2009

September 16 & 17, 2010

November 18 & 19, 2010

## **(ACLS) Advanced Cardiac Life Support Recertification**

***Basic Life Support (BLS) and a current ACLS card are prerequisites.***

This course includes written and hands-on testing and is designed for participants with a current ACLS card and who are comfortable with ACLS principles and practices. A review that may be helpful in preparation for your recertification is available at no charge at [www.baystatehealth.com/learn](http://www.baystatehealth.com/learn), click on Catalog of Online Courses, click on Cardiac Life Support Update.

Location: Baystate Health Education Center

Tuition: \$170

October 30, 2009

February 26, 2010

April 23, 2010

August 20, 2010

October 29, 2010

# ACLS Registration

Your NEW Personal ID number consists of:  
First letter of your FIRST name  
Month and day of birth (not year) – 2 digits ea  
Last four numbers of social security  
Example: M0101-1234



PLEASE PRINT CLEARLY

Last Name:	First Name	ID #
Professional Degree:	Specialty	BLS Exp date:
Home Address:		
Zip Code:	City:	State:
Home Phone:	Work:	Ext:
Fax:	E-Mail:	
Institutional Affiliation:		

Indicate your choice of course date here:

Checks should be made payable to **Baystate Medical Center** and mailed to:

**Baystate Health Continuing Education**  
361 Whitney Ave  
Holyoke, MA 01040