

ATLS

*Student and Student
Refresher Courses*

**REGISTER SOON!
COURSES FILL UP
QUICKLY!**

- Make as many copies of this registration form as needed.
- Course manual, schedule and map will be sent to each student approximately one month prior to the course and after receipt of registration form and fees.
- Room temperature may vary. Please bring a sweater.
- Continental breakfast and lunch are provided.

JPS Health Network
Trauma Services

1500 South Main Street
Ft. Worth, TX. 76104

For more information
please call

(817) 702-7117

JPS HEALTH NETWORK
TRAUMA SERVICES
FORT WORTH, TEXAS

**Advanced
Trauma
Life
Support**

2010 Course Schedule

February 4-5
April 22-23
June 24-25 (JPS Residents only)
September 2-3
November 4-5

Registration Form:

2 DAY STUDENT PROVIDER COURSE

1/2 - DAY STUDENT REFRESHER COURSE

Course Dates:

February 4-5, 2010
April 22-23, 2010
September 2-3, 2010
November 4-5, 2010

Course Fees:

Physicians: \$650.00
Auditors: \$100.00 (*Auditors may include RN or EMT-P only*)
Physician Extenders: \$250.00 (NP or PA)

Course Schedule:

Day 1: 8:00 a.m. – 6:00 p.m.
Day 2: 8:00 a.m. – 6:00 p.m.

Weather Cancellations: *If the Fort Worth Independent School District cancels classes due to weather, the ATLS course will also be cancelled. Participants will be contacted for transfer to a later course.*

Cancellation/Refund Policy: *Registration fee will be refunded if notice of cancellation is received 10 days or more prior to course. Nonrefundable cancellation fee of \$50.00 will be retained for any cancellation less than 10 days prior to the course. Refunds will be given only after course materials have been returned. No refunds or rescheduling for unexpected no-shows or cancellations less than three (3) business days prior to course.*

Course Dates:

February 5, 2010
April 23, 2010
September 3, 2010
November 5, 2010

Course Fees:

Physicians: \$350.00

Course Schedule:

1:00 p.m. - 6:00 p.m.

In order to sign-up for the ATLS Refresher Course, registrants must have successfully completed the ATLS course within the past 4 years or be less than 6 months expired by the course dates requested.

A copy of the previous ATLS card is required for verification purposes.

Mark Type of Course:

- 2- Day Student Provider Course
 1/2 - Day Student Refresher Course

Mark Date of Course:

(Please note: Refresher Courses Scheduled on Day 2 of each course 2-day student provider course)

- February 4-5, 2010
 April 22-23, 2010
 June 24-25, 2010 (JPS Residents only)
 September 2-3, 2010
 November 4-5, 2010

Name: _____

Mailing Address: _____

Credentials: MD DO RN PA NP EMT-P

City/State: _____

Zip Code: _____

Telephone #: _____

Email: _____

For Refresher Course Registrants

Date of previous course: _____

City/State: _____

(Must submit copy of current ATLS card)

Payment

Amount enclosed: \$ _____

Checks payable to TCHD Trauma Education Fund. Mail to the following address:

**JPS Trauma Services/ATLS Course
1575 S. Main Street, Ft. Worth, TX. 76104.**

To pay by credit card, fax form to 817-702-5162 and then call 817 702-7117 to provide credit card information.