Intended Audience
Healthcare Providers who may be responsible for the well being of infants and children.

Objectives
1. Achieve 84% or better on a written comprehensive exam.
2. Resuscitation of ill or injured children.

Course Location
All courses will be conducted at the Creighton EMS Education office at 2514 Cuming Street (in the Kellom Mall Plaza).

Registration Deadline
5 business days prior to the start of class.

Requirements
Proficiency in BLS
Employees of CUMC, Resident or Staff Physicians, and Creighton University Cardiac Center employees must also submit a photocopy of their name badge with the application.

Tuition
New/Initial Course: $225.00
Renewal Only: $115.00 (copy of current PALS card required for verification)

Tuition for CUMC hospital employees (paid by Tenet) and Resident Physicians is paid for by the hospital. Tuition for Creighton Cardiac Center Employees is paid for by the Cardiac Center. Copy of badge required prior to start of class to receive tuition rate.
Required Student Material
PALS Textbook  Cost: approximately $30.00

Textbook is not included in the tuition fee, but is required for admittance to the course, per AHA policy. You will not be admitted to class if you do not have a book (and a current card for renewal classes). In order to ensure a successful outcome in this course, the AHA requires that the textbook be purchased and read prior to the start of class. The textbook may be purchased at the following locations:

1. CUMC Human Resources Office
   Payment options include: Cash or check (payable to EMS Education) only
2. Creighton University Bookstore
   Payment options include, cash, check or credit card

Registration Options/Procedure
Option 1: Paper registration Form
1. This form is available at the Creighton EMS Education Office (280-1280), at the CUMC Human Resource Office or on our website http://ems.creighton.edu/courses.htm.
2. Complete the registration form in its entirety. Information on this form is used for billing and tracking purposes and is required to consider the applicant registered for the course.
3. Attach copies of the prerequisites (name badge, certification card).
4. Attach tuition payment, if tuition is not being paid by the hospital (see payment information on the following page).
5. Completed registrations must be submitted to: Creighton EMS Education
   2514 Cuming St
   Omaha, NE 68131

6. Hospital employees may submit applications to Creighton EMS Education via the intercampus mail system or by fax to 280-1288. Applications will not be accepted at the CUMC Human Resources Office.
7. Applicants will receive written confirmation of their registration.

Option 2: On-Line Registration through Creighton University Events System
1. Go to: http://events.creighton.edu
2. Persons using this option will receive confirmation of registration via e-mail. Because registration using the on-line system does not allow for the submission of prerequisites, the applicant is required to submit these documents to the Creighton EMS Education Office. Registering as an employee of CUMC hospital will be verified with the CUMC Human Resources Office.

Disclaimers
1. We reserve the right to cancel a course due to insufficient enrollment. If cancellation is necessary, notification will be made 5 days prior to the start of the class.
2. Applicants who have registered for the course, but do not notify the Creighton EMS Education office that they will not be attending the class within 5 days prior to the start of class are subject to forfeiture of tuition paid.
3. Inclement Weather: Contact the Creighton University Weather Line--280-5800.
4. The American Heart Association strongly promotes knowledge and proficiency in CPR and ACLS and has developed instructional material for this purpose. Use of these materials in an education course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the association.
5. Repeated “no show with no call” to classes registered for may result in a pre-payment requirement for students.
Pediatric Advanced Life Support Provider Course (PALS) Registration Form

You can register on-line at http://events.creighton.edu

2008 PALS Provider Courses—Please note you will be required to attend both days.

☐ January
   Monday, January 21, 8:30 am—4:30 pm
   Tuesday, January 23, 8:30 am—4:30 pm

☐ July
   Tuesday, July 1, 8:30 am—4:30 pm
   Wednesday, July 2, 8:30 am—4:30 pm

☐ March
   Monday, March 24, 8:30 am—4:30 pm
   Wednesday, March 26, 8:30 am—4:30 pm

☐ September
   Wednesday, September 24, 8:30 am—4:30 pm
   Friday, September 26, 8:30 am—4:30 pm

☐ May
   Tuesday, May 27, 8:30 am—4:30 pm
   Wednesday, May 28, 8:30 am—4:30 pm

☐ November
   Wednesday, November 19, 8:30 am—4:30 pm
   Friday, November 21, 8:30 am—4:30 pm

2008 PALS Renewal Courses (copy of current PALS card required for verification)

☐ Wednesday, February 13, 8:30 am—4:30 pm

☐ Wednesday, April 9, 8:30 am—4:30 pm

☐ Monday, June 23, 8:30 am—4:30 pm

☐ Friday, August 1, 8:30 am—4:30 pm

☐ Monday, October 20, 8:30 am—4:30 pm

☐ Monday, December 8, 8:30 am—4:30 pm
Registration Form

Name: ____________________________________________

Department: ______________________________________

Position: _________________________________________

Supervisor: _______________________________________

Home Address: ______________________________________

            Street         City         State         Zip

Home Telephone: ________________________________

Work Telephone: _________________________________

E-mail Address: ___________________________________

I have read and agree to the terms.

Signature: ___________________________ Date: ____________

Payment Information

Tuition is paid by:

☐ CUMC—Employees paid by Tenet Health—attach copy of name badge
☐ Creighton Cardiac Center—attach copy of name badge

☐ Check enclosed (make check payable to Creighton EMS Education

☐ Credit Card
   ☐ Visa       ☐ MasterCard       ☐ Discover

Credit Card Number: ____________________________________________

Expiration Date: ______________________________

Signature: ____________________________________________