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2025 PHTLS

HYBRID with SKILLS

8a - 12p		EMT Associates - 1144 Gateway Lp . Springfield, OR 97477	
<input type="checkbox"/> FEBRUARY 1	<input type="checkbox"/> MARCH 15	<input type="checkbox"/> MAY 10	<input type="checkbox"/> Call to Schedule Goup

PHTLS courses improve the quality of trauma care in your area and decrease mortality. The program is based on a prehospital trauma care philosophy, stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. PHTLS promotes critical thinking as the foundation for providing quality care. The PHTLS course is continuously updated and revised to keep up with the advances in the field and ATLS Guidelines

In accordance with the Americans with Disabilities Act, please advise EMT Associates if you have any disability that requires special materials and/or services so that appropriate personnel can be advised. No planners or faculty have any relevant information to disclose.

Registration Can Also Be Completed Online: <https://form.jotform.com/243321027388151>

CANCELLATION / LATE REGISTRATION / NO SHOW

Late registration is defined as registration received with less than 3 business day notice of paid enrollment, including "drop-ins". **Late Registration is a \$55 Fee.** Cancellations made 3+ business days prior to class may transfer to a different class. **NO REFUNDS...** No Call/No shows and late cancellations [less than 3 full business days] will be responsible for full payment

COURSE DATE YOU WILL ATTEND:		License Number(s) and Expiration Date(s)		
Last Name:		First Name:		Phone:
Address:			City:	State:
Zip				
E-Mail (REQUIRED FOR PRE-COURSE MATERIALS):				

PHTLS 10th Ed 2025 [Hybrid with Skills]

\$300

LATE REGISTRATION FEE

\$55

Registration less than 3 business days to course start and "drop-in's"

TOTAL PAID:

PHTLS 10th Edition REQUIRED
Purchase your Required Textbook at Worldpoint

Payment Method:	<input type="checkbox"/> CREDIT/DEBIT	<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH Card
Number:	_____ - _____ - _____ - _____		
Expiration Date	___ / ___	Security Code:	_____
Billing Zip Code	_____		
Signature:	_____		