

# 2023 OB ACLS

ReCertification Class  
by EMT Associates



Phone 541.844.1328 Fax 541.636.3416  
1144 Gateway Loop Suite 136 - Springfield, OR 97477

EMT.Associates@Comcast.Net  
www.EMTAssoc.com

1-Day Recertification: For students who need to renew their ACLS prior to expiration  
**2020 Textbook is REQUIRED**  
2020 Handbook is recommended

2020  
Textbook is  
REQUIRED



## ACLS Recert for OB Team Members

March TBD, 2023

3p - 11p

\$215

2020  
ACLS/PALS  
Handbook is  
Recommended



In accordance with the Americans with Disabilities Act, please advise if you have a disability that requires special materials and/or services; so the appropriate personnel can be advised

### CANCELLATION / LATE REGISTRATION / NO SHOW

Late registration is defined as a registration received with less than 5 FULL business days. All late registrations will be assessed a \$50 fee. Late cancellations/transfers done with less than 5 FULL business days; will be responsible for full payment. EMT Associates **does not offer refunds** once your registration is complete [including Online Heartcode]. If you are unable to attend a course you must contact us 6+ days prior to the start of the class. Our staff will move you to the next available course or issue a course credit. Course credits are non-transferable, must be used for the same course and must be used within 120 days of the missed course. Once a credit is applied, the student must attend that course

**A COURSE CREDIT CAN ONLY BE APPLIED ONCE**

HOW TO REGISTER: 1. ONLINE: [emtassoc.com](http://emtassoc.com) 2. FAX: 541.636.3416 3. MAIL: 1144 Gateway Loop, Ste 136, Springfield, OR 97477 4. CALL: 541.844.1328

TO PICK UP MATERIALS PLEASE ARRANGE A TIME WITH EMT ASSOCIATES: 541.844.1328 or [emt.associates@comcast.net](mailto:emt.associates@comcast.net)

<b>COURSE DATE(S) YOU WILL ATTEND:</b> March 10, 2021 OB ACLS	<b>RECERT ONLY- LIST CURRENT CARD EXPIRATION(S):</b> ACLS: _____ BLS: _____	<b>EMPLOYEE ID:</b> _____		
<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Phone:</b> _____		
<b>Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____	<b>Zip</b> _____
<b>E-Mail (REQUIRED FOR PRE-COURSE MATERIALS):</b> _____				

Please fill out the form in full [include a copy of current provider certification], attach to your education request, and submit to your manager.

**Materials:** \*Books can be purchased through EMT Associates

- |   |       |
|---|-------|
| <input type="checkbox"/> 2023 OB ACLS RECERTIFICATION | \$215 |
| <input type="checkbox"/> ACLS TEXTBOOK (REQUIRED)     | \$58  |
| <input type="checkbox"/> ACLS/PALS HANDBOOK           | \$53  |
| <input type="checkbox"/> ADD ON BLS                   | \$55  |
| <input type="checkbox"/> SHIPPING FEE                 | \$8   |
| <input type="checkbox"/> ** WILL CALL                 | \$0   |

Payment Method:  CREDIT/DEBIT  CHECK

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL DUE**

\*\* TO PICK UP MATERIALS PLEASE CONTACT EMT ASSOCIATES 541.844.1328 OR [emt.associates@comcast.net](mailto:emt.associates@comcast.net)

GENERAL OFFICE HOURS ARE MONDAY - FRIDAY 8a - 4p