

Pediatric Advanced Life Support (PALS) Registration Form

Mandatory Prerequisites:	✓ Knowledge of ECG interpretation ✓ Valid Heart & Stroke BLS certification (valid for 12 months)
Time:	0800-1630 hours (2 Days)
Location:	HSN Simulation Lab, RLHC, Labelle Innovation and Learning Centre, Level 4

Course Description

This course will enable participants to enhance their skills in the management of critically ill pediatric patients experiencing a cardiopulmonary event. PALS emphasizes the importance of gathering information to be able to recognize infants and children at risk for cardiopulmonary arrest; information and strategies to prevent cardiopulmonary arrest in infants and children; and the cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock or cardiopulmonary arrest.

Cancellation Policy

No refunds or transfers will be issued within 7 business days of the course.

SELECT A COURSE DATE (2025)		
<input type="checkbox"/> February 20-21, 2025	<input type="checkbox"/> February 27-28, 2025	<input type="checkbox"/> March 27-28, 2025
<input type="checkbox"/> April 7-8, 2025	<input type="checkbox"/> June 26-27, 2025	<input type="checkbox"/> October 6-7, 2025
<input type="checkbox"/> November 20-21, 2025		

Name: _____ HSF (Heart & Stroke Foundation) ID: _____

Organization/Unit: _____ Professional Designation: _____

Primary Email: _____ Phone: _____

Alternate Email: _____

Food Allergies, Dietary and/or Cultural Restrictions (please select all that apply):

- ☐ No allergies / restrictions
 ☐ Gluten Free
 ☐ Lactose Free
 ☐ Dairy Free
 ☐ Nut Free
☐ Vegetarian
 ☐ Vegan
 ☐ No Fish / Shellfish
 ☐ No Beef
 ☐ No Pork
☐ Other: _____

☐ By checking this box, I confirm that I have read and understand the Cancellation Policy which will be strictly enforced.

☐ By checking this box, I confirm that I have met/completed all mandatory prerequisites for this course.

For Internal Billing Staff Only

☐ By checking this box, I confirm that I understand that failure to cancel prior to **7 business days** before the course, I will be charged a \$100.00 cancellation fee to the method of payment provided below.

METHOD OF PAYMENT

- ☐ Visa
 ☐ MasterCard
 ☐ AMEX

Card Number: _____

Expiry Date: _____ CVV: _____

Name as it Appears on Card: _____

Cardholder's Signature: _____

☐ Internal Billing – Cost Centre / EOC: _____

REGISTRATION FEES

- ☐ \$450.00

CANCELLATION FEE

(Staff receiving Internal Billing only)

- ☐ \$100.00

Submit your registration form and valid Heart & Stroke BLS certificate to certifications@hsnsudbury.ca
Only Heart & Stroke BLS certificates will be accepted.