

ADVANCED TRAUMA LIFE SUPPORT - ATLS® PROVIDER COURSE

COURSE DESCRIPTION:

The ATLS® course is a continuing medical education program designed to teach doctors life-saving skills and a standardized approach to trauma care in the "golden hour". The course consists of pre- and post-course tests, core content lectures, interactive case presentations, discussions, development of life-saving skills, practical laboratory experiences and a final performance proficiency evaluation. The American College of Surgeons (ACS) sets the standards for this course and provides doctors who successfully complete the course with a card verifying successful course completion. Medical Students in their fourth year of medical school can participate in the course but will not receive this card until they provide proof of graduation.

the course but will not rec	erve this card until they provide proof of graduation.
COURSE SPONSOR:	London Health Sciences Centre - Trauma Program & CSTAR
COURSE FEE:	□ \$1,575.00 Practicing Physician □ \$1,275.00 Residents, Fellows & Physician Assistants (Includes: Course Manual with Electronic Version, Lunches & Refreshments) ANY DIETARY RESTRICTIONS? (Specify):
CHEQUE PAYABLE T	O: Trauma Education Associates - ATLS®
COURSE DATE (chec	k one): (10 th Edition)
	Feb 4 − 5, 2022 □ April 1 -2, 2022 □ June TBD, 2022 □ FULL July 21-22, 2022 □ FULL (Wait List Available) Sept 23-24, 2022 □ Nov 25-26, 2022 □
CANCELLATIONS: We reserve the right to	not fit your schedule, call 519 667-6795 to be put on a waiting list and notified of future course dates. o cancel courses 30 days in advance of the course date due to insufficient registrations. unded or you can move to another course date if available. REFUND - if notification received 30 days prior to course = fee paid less \$200.00 NO REFUND - if cancellation within 30 days of course (substitutions allowed)
*NOTE: F	Register early as registration is limited and courses are filled on a first come, first served basis.
NAME: ADDRESS: CITY & PROVINCE: E-MAIL:	TELEPHONE: FAX: POSTAL CODE: PAGER (if applicable):
Please Check One: ☐ Emergency Physicia ☐ Other, Specify	Surgeon, Specialty Resident_PGY (Year & Specialty)
Please return:	1) COMPLETED APPLICATION FORM, and 2) CHEQUE MADE PAYABLE TO: Trauma Education Associates - ATLS® 3) For payment by e-transfer please use email tammy.mills@lhsc.on.ca
То:	ATLS - Attention: Tammy Mills Victoria Hospital Trauma Program E1-129

Registration and course information please e-mail: tammy.mills@lhsc.on.ca

T: 519-667-6795 F: 519-667-6518

800 Commissioners Rd E London, ON N6A 5W9