STUDENT PROVIDER COURSE
ATLS REGISTRATION INFORMATION

Name: ___________________________________
Title: MD ____ DO ____ Other: ___________
Specialty: _________________________________
Advanced Practice Provider (circle one):     NP     PA
Auditor or Observer (circle one, if applicable)
Street Address (course materials will be mailed to this address):
___________________________________________
___________________________________________
City, State, Zip: ______________________________
Daytime Phone: ______________________________
Fax Number: ________________________________
Email address: _______________________________

Credit Card Payment – Please Charge my:
☐ Visa  ☐ Master Card  ☐ Discover  ☐ American Express
Name on Card: __________________________________
Account #: ____________________________________
Expiration Date: __________
Amount: __________
Signature: ______________________________________

For more information: You may contact us at
(785) 354-5428 or fax (785) 354-5475 or
tetaylor@stormontvail.org

Advanced
Trauma
Life
Support®

STUDENT PROVIDER COURSE
March 31st & April 1st, 2017
7:00 am – 5:00 pm

Sponsored by:
American College of Surgeons
in cooperation with
Trauma Services
Stormont Vail Health

Kansas Committee on Trauma
Course Objectives
The ATLS course is designed to educate physicians and mid-level practitioners who are in a position to provide the first hours of emergency care to trauma victims. The course utilizes didactic lectures and practical skill stations in order to effectively teach the principles of rapid, effective assessment and stabilization. Successful candidates will be awarded four-year certification. This course is conducted according to the guidelines of the American College of Surgeons.

Educational Objectives
The participant, upon completion of the ATLS course will be able to:

- Demonstrate understanding of concepts and principles of patient assessment and management.
- Perform skills necessary to diagnose and treat traumatic injuries.
- Establish management priorities in single & multiple trauma.
- Perform the initial assessment and management of trauma victims

Tuition/Registration fees:
- Student Provider Course: $800.00
- Auditor: $100.00

Fees include continental breakfasts, lunches, breaks, course material, lab fees, other related costs and amenities involved in making this a pleasant learning experience.

Due to the ACS requirements, the class size is limited to 16 participants. To enroll, complete the entire course enrollment form and mail or fax with payment. If paying by check, please make check payable to Stormont Vail Health and mail to the below address. Course material cannot be sent until the registration fee and enrollment form has been received. Course materials will be sent out 30 days prior to the course.

RETURN WITH FEE TO:
Stormont Vail Health
Trauma Services
1500 SW 10th Avenue
Topeka, KS 66604

Checks must be made out to Stormont Vail Health

Stormont-Vail Trauma Services reserves the right to cancel the program due to insufficient enrollment. In this event, you will be notified and your entire registration fee refunded.

Refunds and Cancellations:
No refunds will be issued if participants cannot attend the class, however we do allow substitutes in their place. Refunds will only be issued if we cancel the class.

CME Credit:
The American College of Surgeons is accredited by the Accreditation council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The American College of Surgeons designated this educational activity for a maximum (Provider-19) AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation to the activity.

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