

REGISTRATION INFORMATION

REGISTRATION REQUIRED: Register early. Class size is limited. Registration deadline is three (3) weeks prior to course. Complete the registration form. Tuition is due at the time of registration. Include copy (front and back) of your current AHA BLS Health Care Provider card or American Red Cross CPR/AED for the Professional Rescuer and ACLS Provider card (ACLS for Renewals only).

Register in person, by mail or fax and send with payment to:

(Mail or In Person)

SCC • Continuing Education Center
301 S. 68th Street Place, Lincoln, NE 68510

(Fax) 402-437-2703

NOTE: A "Letter of Authorization" on company letterhead is required at registration for third-party billing.

CONFIRMATIONS ARE NOT MAILED.

APPROPRIATE DRESS: Please wear loose, comfortable clothing to class. You will be practicing skills that require you to work on your hands and knees. Clothing that exposes excessive cleavage, bare midriff, hips and bottom are not to be worn. Undergarments should not be exposed while bending over. Participants not dressed appropriately may be dismissed from class.

PHYSICAL LIMITATIONS: If you have any physical condition that might prevent you from engaging in these activities, please tell an instructor. The instructor may be able to adjust the equipment if you have back, knee or hip problems.

INCLEMENT WEATHER: In the event of inclement weather, call Melanie Leseberg at 402-437-2506 or the SCC Weather Hotline at 402-437-2405.

ATTENDANCE: Students must attend the entire class for which they have registered. If students miss any part of the class, they must re-register and re-pay for another class. Report to the class session you have registered for unless you are notified by the College that the class is full or has been cancelled.

CANCELLATIONS/REFUNDS: Course cancellations must be made no later than five (5) business days before the class. Cancellations received at least five (5) days prior to class will be fully refunded. Cancellations received after that will not be refunded. No-shows will be billed for the full course.

ADDITIONAL INFORMATION: You may also visit our Web site at www.southeast.edu/continuing for information on these courses and other programs offered by Continuing Education, a division of SCC.

QUESTIONS: Please contact **Melanie Leseberg** at 402-437-2506; 800-828-0072, ext. 2506; or mleseberg@southeast.edu

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**CONTINUING
EDUCATION**
CONTINUING EDUCATION CENTER
301 S 68TH STREET PLACE
LINCOLN, NE 68510-2449

Continuing Education

2011

Advanced Cardiac Life Support



Southeast community college

www.southeast.edu/continuing

Complete this form and send with payment to: **SCC, Continuing Education Center, 301 S. 68th Street Place, Lincoln, NE 68510-2449** or **FAX completed form to (402) 437-2703**. Include payment or Letter of Authorization (required for third-party billing). The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to re-disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2011 QUARTER

summer _____ winter _____
fall _____ spring _____

Social Security Number		Name: Last		First		Middle Initial		E-mail address	
Residence Mailing Address				City		State		Zip	
Birth Date		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (select one or more): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native		Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Number		Section		ALTERNATE SEC. #		Course Title		Date	
Place		Time		Cost					

Check Cash Mastercard Discover VISA Exp. Date _____

Credit card # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION) _____

Signature _____

SCC Staff Tuition Waiver () _____

TOTAL DUE _____

For Office Use Only: DE _____ ID# _____

web site

Advanced Cardiac Life Support



The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an education course does not represent course sponsorship by the AHA. Any fees charged for such a course, except a portion of the fees needed for AHA course material, do not represent income to the Association.

The AHA Advanced Cardiovascular Life Support Provider Course is intended for health care providers who either direct or participate in the resuscitation of a patient, whether in or out of hospital. The goal of the ACLS Provider Course is to improve the quality of care provided to the adult victim of a cardiac arrest or other cardiopulmonary emergency.

In this course participants will enhance their skills in the treatment of arrest and peri-arrest patients through active participation in a series of stimulated cardiac and respiratory cases. These simulations are designed to reinforce important concepts, including:

- The Basic Life Support Primary Survey
- The ACLS Secondary Survey
- ACLS algorithms
- Effective resuscitation team dynamics

Course Prerequisites

Providers who take the ACLS Provider Course must be proficient in the following:

- Performing BLS CPR skills using the 2005 AHA Guidelines for CPR and ECC
- Reading and interpreting ECGs
- Understanding ACLS drugs
- Performing the BLS Primary Survey and the ACLS Secondary Survey

Participants must print their scores from the ECG and pharmacology pre-course assessment tests on the ACLS student CD and bring them to class. This ensures that the students have prepared for the course.

If you do not learn and understand the ECG and pharmacology information in the pre-course assessment tests, it is unlikely that you can successfully complete the ACLS Provider Course.

2011

Please note: All classes are being held at Southeast Community College, 8800 O St., Lincoln, NE, unless otherwise noted.

ACLS Provider

Prerequisite: Please include a copy (front and back) of your current BLS Provider card with your registration.

(Required materials will be provided)

Course Number: HLTH-3704 Tuition: \$210

SEC	DATE	DAY	TIME	ROOM
LNSB	May 19	Th	7:45 a.m.-3 p.m.	TBA
	May 20	F	7:45 a.m.-Noon	
LNUA	July 21	Th	7:45 a.m.-3 p.m.	TBA
	July 22	F	7:45 a.m.-Noon	
LNUB	Sept. 22	Th	7:45 a.m.-3 p.m.	TBA
	Sept. 23	F	7:45 a.m.-Noon	
LNFA	Nov. 17	Th	7:45 a.m.-3 p.m.	TBA
	Nov. 18	F	7:45 a.m.-Noon	

ACLS Renewal

Prerequisite: Please include a copy (front and back) of your current BLS and ACLS Provider cards with your registration. All participants must have completed the ACLS Provider course or have previously renewed within the last two (2) years.

(Required materials will be provided)

Course Number: HLTH-3706 Tuition: \$120

SEC	DATE	DAY	TIME	ROOM
LNSA	Apr. 8	F	7:45 a.m.-Noon	TBA
LNSB	June 23	Th	1-5:30 p.m.	TBA
LNUA	Aug. 26	F	7:45 a.m.-Noon	TBA
LNFA	Oct. 20	Th	7:45 a.m.-Noon	TBA
LNFB	Dec. 9	F	1-5:30 p.m.	TBA

AHA ACLS Online Skills Session

The online AHA ACLS course is for the first time or renewal ACLS provider. Before you register and pay for the Skills Session, you need to purchase and complete the online portion at onlineaha.org (select Course Catalog then under ACLS-Advanced Cardiovascular Life Support, register and pay for HeartCode™ ACLS part 1), then attend the ACLS Skills session you registered for. NOTE: You need to bring your AHA HeartCode™ ACLS part 1 Online Course Completion Certificate to be admitted to the Skills Session. No textbook is required for this class.

For Skill Testing information and registration, contact **Melanie Leseberg 402 437-2506; 800-828-0072, ext. 2506; or mleseberg@southeast.edu.**