Time	Session
0645-0700	Registration and Continental Breakfast
0700-0705	Welcome and Course Orientation
0705-0735 (0.5 CE Credit)	Adult BLS with AED
0735-0805 (0.5 CE Credit)	Child BLS with AED
0805-0835 (0.5 CE Credit)	Team Dynamics
0835-0905 (0.5 CE Credit)	Infant BLS
0905-0920 (0.25 CE Credit)	Choking Relief
0920-0950 (0.5 CE Credit)	BLS for Healthcare Provider Written Exam
0945-1000	Break
1000-1015 (0.25 CE Credit)	Science of Adult Resuscitation
1015-1030 (0.25 CE Credit)	Systematic Approach Model
1030-1100 (0.5 CE Credit)	Airway Management
1100-1115 (0.25 CE Credit)	Technology Review
1115-1145 (0.5 CE Credit)	Team Dynamics and Mega Code
1145-1345 (2 CE Credit)	Case Scenario Testing
1345-1445 (1 CE Credit)	ACLS Written Exam
1445-1530	Lunch
1530-1545 (0.25 CE Credit)	Science of Pediatric Resuscitation
1545-1600 (0.25 CE Credit)	Systematic Approach Model
1600-1615 (0.25 CE Credit)	Team Dynamics
1615-1630 (0.25 CE Credit)	Management of Post-Cardiac Arrest Care
1630-1830 (2 CE Credit)	Case Scenario Testing
1830-1930 (1 CE Credit)	Exam
1930	Remediation

Registration Form

**In order to be eligible to receive new cards, all Participants MUST bring:

1. **A photocopy of your _current_ American Heart Association cards (front and back). The only exception to this is if you have a printed Certificate of Completion from the ACLS or PALS AHA Heartcode Part 1 Course instead.**
2. **The printed results of the ACLS and/or PALS pretests with a score greater than 84% on each.**

Name:_____ Year in program (if applicable):_____ AANA #:_____

Address:_____

City, State, Zip:_____

Telephone:_____ Email:_____ Dietary Restrictions:_____

Preferred Date of Attendance: 1/28   **or**   1/29
3rd year residents will be assigned by the program to attend on January 28, 2023
1st year residents will be assigned by the program to attend on January 29, 2023

Payments will be processed through the SIUE Foundation when received. Please note this make take up to two weeks.

Select _One_ Provider Category and the Recertification Courses Requested:

	BLS	ACLS	PALS	TOTAL
_____CRNA	_____$65.00	_____$205.00	_____$205.00	_____
_____Alumni CRNA	_____$60.00	_____$180.00	_____$180.00	_____
_____SIUE Student**	_____$55.00	_____$105.00	_____$105.00	_____
_____Megacode Only***	_____$40.00	_____$100.00	_____$100.00	_____

Megacode Only Initial or Expired ACLS/BLS/PALS eSimulation documentation is required; see webpage below.

Checks Payable to: SIUE Foundation.   **Total Payment for Recertification Courses Requested: $_____**

Credit Card Payments and Registration Forms may be emailed:

Name of cardholder as it appears on the credit card_____

Card Type: _____MC   _____Visa   _____AM EX   _____Discover

Address for card if different from above_____

Credit Card #_____ Expiration Date:_____ CVV#_____

Mail Completed ACLS/BLS/PALS Registration Form with checks to:
SIUE School of Nursing
Attn: Kris Heather
Campus Box 1066
Edwardsville, IL 62026

For Up-To-Date information please go to:
http://www.siue.edu/nursing/academic-programs/graduate/acls-bls-pals-recertification/acls-bls-pals-recertification.shtml
General information, course materials, requirements for Initial & Expired ACLS/BLS/PALS Certification, SIUE maps, and other course information are available online.