

Legacy Health
Trauma Department
presents:

A.T.L.S.[®]
Advanced Trauma Life Support[®]

**Lorenzen Conference Center
Legacy Emanuel Medical Center
2801 N. Gantenbein
Portland, Oregon**



Co-sponsored by:
Legacy Emanuel Medical Center
and
American College of Surgeons
Oregon Committee on Trauma



A.T.L.S.®

Advanced Trauma Life Support®

Thank you for your interest in our Advanced Trauma Life Support Courses. Courses scheduled in 2016 are listed on the registration form. All courses will be held at Legacy Emanuel Medical Center, 2801 N. Gantenbein Avenue, Portland, Oregon. In order to reserve a place for you, we must receive the completed registration form along with your payment.

The provider course is for individuals who have not taken and successfully passed A.T.L.S.® or for those who have allowed their provider status to expire. The refresher course is a half day program. You have nine months to complete the refresher process — three months before your status expires and six months after it expires. If you have not completed the process within this time frame, you will need to take the A.T.L.S.® Provider Course in its entirety. A copy of your present A.T.L.S.® card will be required with your registration to attend the refresher course.

Accreditation

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education (CME) for physicians. CME is provided by the American College of Surgeons, A.T.L.S.® division, upon successful completion of the course.

The American College of Surgeons designates this live educational activity for a maximum of (Provider 19, Refresher 5) *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American College of Emergency Physicians has approved ACEP category 1 credit for up to (Provider 19, Refresher 5).

Registration Information

Provider course tuition fee is \$800. Refresher course tuition fee is \$330. Upon receipt of registration form and fee, we will forward to you an A.T.L.S.® textbook, pretest and answer sheet. Please bring the completed pretest to the course you are attending.

Please make checks payable to O.T.R.E.F. (Oregon Trauma Research & Education Foundation). Credit cards are also accepted (Mastercard and Visa only). Also online registration is open at Oregonatls.com

Mail completed registration form to:

Trauma Administration, 2801 N. Gantenbein, MOB #130, Portland, OR 97227.

You may fax your registration form to 503-413-2178. Space is limited. For more information contact Trauma Administration at 503-413-2100.

The American College of Surgeons ATLS® Program complies with the Americans with Disabilities Act (ADA). Any person who needs an accommodation under the ADA should contact Barbara Dubbert, RN, ATLS Coordinator, at Legacy Emanuel Medical Center at 503-413-2405.

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Legacy Emanuel Medical Center
Portland, Oregon

2016 Course Registration Form

Provider Course

- January-18th & 19th
- May-23rd & 24th
- September 19th & 20th
- October 24th & 25th

***Refresher Course**

- January- 22nd
- May- 20th
- September - 23rd
- October 28th

Online Registration

Available at

oregonatls.com

Tuition \$800

Tuition \$330

***Enclose a copy of current A.T.L.S.[®] card**

I want to pay by check or money order. Payment is enclosed. Please make check payable to OTREF and mail to Trauma Administration, 2801 N. Gantenbein, MOB #130, Portland, OR 97227.

I want to pay by credit card (MasterCard & Visa only). Please fill out credit card information below.

Please Note: Participants withdrawing less than four weeks prior to the scheduled course date will be charged an administrative fee of \$100. **Course fees will be forfeited if a participant cancels within fourteen days prior to the course or fails to show up.**

Name

Title

E-mail

Medical Specialty

Phone (Home)

Phone (Work)

Address

City

State

Zip

Credit Card # (Visa and MC only)

Expiration Date

Authorized Signature

Important: Refresher applicants must provide a copy of current ATLS card.

DATE: _____ **LOCATION:** _____
City State