



# Marshfield Clinic®

## ***Pediatric Advanced Life Support***

***Recognition***  
***September 25 & 26, 2014***

*Marshfield Clinic – Marshfield Center*  
*1000 N Oak Ave.*  
*Marshfield WI 54449*

### **Course Information**

Marshfield Clinic will be offering Pediatric Advanced Life Support Courses. The Recognition Course will be held on September 25 & 26, 2014 starting at 7:30 a.m. each day.

### **Objectives**

Upon Completion of this course the participant will be able to complete the following:

- ✓ Provide Pediatric Basic Life Support
- ✓ Reduce the risk of common causes of injury and arrest in children
- ✓ Recognize the signs of impending respiratory failure and shock and initiate appropriate treatment and interventions
- ✓ Stabilize and evaluate pediatric trauma victims including appropriate spinal immobilization
- ✓ Initiate and manage the first ten minutes of a child in cardiac arrest

### **Admission Requirements**

#### ***Recognition***

All candidates must possess a Basic Life Support card that has not expired prior to September 2014. Please indicate your BLS date on your registration form.

### **Course Completion Requirements**

All participants must complete a hands-on skills station and score a minimum of 84% on the PALS written examination.

### **Target Audience**

Physicians, Physician Assistants, Nurses, and Allied Health Professionals that deal with pediatric emergencies.

### **Accreditation Statement**

Marshfield Clinic is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

### **Designation of Credit Statement**

#### ***Recognition***

Marshfield Clinic designates this educational activity for a maximum of 11.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Contact Hour Statement for Allied Health Professionals**

#### ***Recognition***

Marshfield Clinic is approved as a provider of continuing health education by the Wisconsin Society for Health Care Education and Training. Marshfield Clinic designates this activity for up to 11.25 contact hours of continuing education for allied health professionals.

### **Registration**

The registration fee is \$300 for Physicians and \$250 for Allied Health Professionals for the recognition course and \$200 for the renewal course. The registration fee includes all registration materials, continental breakfast and lunch. Registration is limited, thus early registration is suggested. If cancellations are received within 2 weeks of the program, the registration fee will be refunded minus the cost of the textbook. Confirmation and pre-course materials will be sent 4-6 weeks prior to the course.

**American Heart Association Disclaimer**

The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association and any fees charged for such a course do not represent income to the association.

**Cancellation Policy**

Cancellations must be received within 2 weeks of the program. The registration fee will be refunded minus the cost of the textbook. Cancellations received less than 2 weeks prior to the course will be charged the cost of the program. The conference reserves the right to cancel due to insufficient enrollment. In case of cancellation due to inclement weather registration fee will be refunded.

**Policy on Speaker Disclosure**

In accordance with the Standards of the Wisconsin Medical Society, all those who are in a position to affect content of this CME activity (including course directors, planning committee, speakers, and CME staff) are required to disclose financial relationships with any commercial interest(s) related to the subject matter of this activity. Such disclosures will be made available on the day of the program so that participants may formulate their own judgments regarding the presentation.

As a provider of CME credit, it is Marshfield Clinic's responsibility to ensure that its credited activities provide information, findings, and recommendations to its audiences that are based on accepted and sound scientific principles (evidence-based medicine). In addition, Marshfield Clinic has safeguards in place to identify and eliminate any commercial bias from CME activities.

**Disclosure of Commercial Support**

This program is partially funded through grant support from Children's Miracle Network. Any additional program funding through unrestricted educational grants will be disclosed at the conference.

**Sponsor**

Marshfield Clinic and Marshfield Medical Research Foundation sponsor this program



Marshfield Clinic complies with the Americans With Disabilities Act. If any participant in this educational activity is in need of accommodation, please contact us at 715-389-7559, FAX # 715-389-3770 or 1000 North Oak Avenue, Marshfield, WI 54449. Requests are kept confidential.

For further information contact Marshfield Clinic - Corporate Education at 1-715-389-7559.



**PEDIATRIC ADVANCED LIFE SUPPORT COURSE  
Recognition Course September 25 & 26, 2014**

Marshfield Clinic – Marshfield Center

Name (please print) **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_ (degree)

(Marshfield Clinic or  
Address - Saint Joseph's routing location) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone no. (daytime) \_\_\_\_\_

Email \_\_\_\_\_

**\*\*\*Required Information\*\*\*** Your registration will not be accepted if BLS date is not included. BLS is a pre-requisite for PALS.

BLS Expiration Date \_\_\_\_\_

I will attend the following course:

**PALS Recognition Course – September 25 & 26, 2014**

\_\_\_ \$300 for physicians

\_\_\_ \$250 for Allied Health Care Professionals

**Total fees enclosed:** \_\_\_\_\_

MasterCard®    Visa®    Check – Payable to Marshfield Clinic    Travel/Education Form Attached (Marshfield Clinic Employees/Physicians Only)

Print Name \_\_\_\_\_

Account # \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration date: \_\_\_\_\_

PLEASE DETACH AND RETURN BY AUGUST 15, 2014

TO:

Marshfield Clinic  
Conference Registration – GR  
1000 North Oak Avenue  
Marshfield, WI 54449