

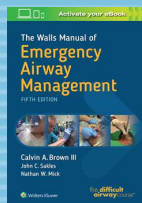


# the difficult airwaycourse™ EMS

[theairwaysite.com](http://theairwaysite.com)

## The Definitive EMS Airway Course

- **Learn the full range of airway management** techniques — including use of extraglottic devices, medication-assisted intubation, video laryngoscopy & other advanced imaging devices, and cricothyrotomy.
- **Work with experienced faculty** who know the unique challenges facing EMS providers.
- **Use all of the airway devices** in small group sessions.
- **Practice decision making and airway techniques** in Code Airway™ stations.
- **Face the most challenging patient scenarios** in a no-risk environment. These include elevated ICP, pulmonary edema, status asthmaticus, foreign body in the airway, direct airway trauma, multiple trauma with shock, and many more.
- **Meet your continuing education requirements.** This two-day course is approved by CAPCE and ASTNA.
- **Receive the definitive airway textbook**, *The Walls Manual of Emergency Airway Management* by Calvin A. Brown, MD John C. Sakles, MD and Nathan W. Mick, MD



**Date:** March 16 and 17th, 2024 - 0800h

### Location:

Professional Medical Associates - Calgary  
Suite #112, 11420 - 27 Street SE  
Calgary, AB T2Z 3R6  
(403) 547-9709  
[dac@promedics.org](mailto:dac@promedics.org)  
Registration Deadline - March 10, 2024

### Didactic and hands-on training in crucial airway topics:

- Difficult and failed airway management
- Video laryngoscopy and other advanced imaging devices
- Medication-assisted intubation (including RSI and RSA)
- Pediatric airway management
- Endotracheal tube introducers (bougie)
- Surgical cricothyrotomy
- Extraglottic devices
- Capnography
- Ventilator management
- CPAP and BiPAP
- Digital and nasal intubation



### For Registration and Course Information:

Course Tuition - \$395.00 - includes e-book version of Manual of Emergency Airway Management. For registration, contact the office at (403) 547-9709 or download application form from the website - [www.promedics.org/dac](http://www.promedics.org/dac) or email - [dac@promedics.org](mailto:dac@promedics.org)

COURSES OFFERED THROUGHOUT THE WORLD

Evidence-based. Comprehensive. Hands-On.



# PROGRAM APPLICATION FORM

**Application for: (check one)**

*Advanced Care Paramedic (ACP) Program*

*Primary Care Paramedic (PCP) Program*

*EMR and FMR Programs*

*CPR and First Aid*

*Programs- Needs Assessment and Training*

*Advanced High-Fidelity Simulator Driving Program*

*On-site Program Delivery Specialists*

*Pediatric Emergency Assessment, Recognition and Stabilization*

*Geriatrics for Emergency Medical Services*

*Prehospital Trauma Life Support*

*Tactical Emergency Casualty Care*

*Pediatric Advanced Life Support*

*Advanced Cardiovascular Life Support*

<input type="checkbox"/> First Medical Responder (FMR/EMR1)* <input type="checkbox"/> Emergency Medical Responder+ <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> Primary Care Paramedic+ <input type="checkbox"/> PCP Refresher Program* <input type="checkbox"/> Advanced Care Paramedic+	<input type="checkbox"/> PCP or <input type="checkbox"/> ACP Refresher Program* <input type="checkbox"/> Fundamentals of Airway - Basic* <input type="checkbox"/> Difficult Airway Course - Advanced* <input type="checkbox"/> BLS for Health Care Professional (CPR)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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<b>LEGAL SURNAME</b>		<b>FIRST NAME/MIDDLE INITIAL</b>	
<b>ADDRESS</b>			
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	
(   )	(   )	(   )	
<b>PHONE (HOME)</b>	<b>PHONE (BUSINESS)</b>	<b>PHONE (MOBILE)</b>	
<b>DATE OF BIRTH (MM/DD/YY)</b>	<b>DRIVER'S LICENCE #</b>	<b>EMPLOYER/POSITION</b>	
<b>PREVIOUS EMS TRAINING INSTITUTION (If Applicable)</b>		<b>GRADUATION DATE</b>	
<b>EMAIL ADDRESS</b>		<b>ACP REGISTRATION #</b>	

**FOR OFFICE USE ONLY:**

<b>AMOUNT PAID: \$</b> _____ <small>MC   Visa   Debit   Cash   Chq #   Other</small> <b>Authorization #</b> _____ <b>Security #</b> _____ <b>Invoice or PO#</b> _____	<b>COURSE CODE:</b> _____  <b>START DATE:</b> _____	<b>CONFIRMATION LETTER:</b> <b>Sent or P/U (MC) (MV)</b> <b>Date:</b> _____ <b>COMMENTS:</b> _____
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**\*PLEASE NOTE - UPON COMMENCEMENT OF PROGRAM, FEES WILL NOT BE REFUNDED.\***

**+FOR EMR, PCP AND ACP PROGRAMS - TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_