

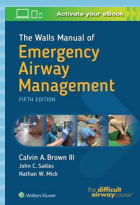


the difficult airwaycourse™ EMS

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: June 17 & 18, 2024 - 0830h

Location:

Professional Medical Associates - St. Albert
Suite #101, 265 Carleton Drive
St. Albert, AB T8N 4J9
(780) 460-8410
dac@promedics.org
Registration Deadline - June 1, 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 (780) 460-8410 or download application form from the website - www.promedics.org/dac or email - 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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LEGAL SURNAME		FIRST NAME/MIDDLE INITIAL	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
()	()	()	
PHONE (HOME)	PHONE (BUSINESS)	PHONE (MOBILE)	
DATE OF BIRTH (MM/DD/YY)	DRIVER'S LICENCE #	EMPLOYER/POSITION	
PREVIOUS EMS TRAINING INSTITUTION (If Applicable)		GRADUATION DATE	
EMAIL ADDRESS		ACP REGISTRATION #	

FOR OFFICE USE ONLY:

AMOUNT PAID: \$ _____ <small>MC Visa Debit Cash Chq # Other</small> Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (MC) (MV) Date: _____ COMMENTS: _____
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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: _____