

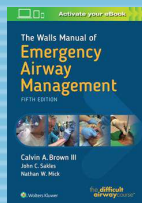


# the difficult airway course™ EMS

[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:** November 23 & 24, 2024 - 0830h

### Location:

Professional Medical Associates - St. Albert  
Suite #101, 265 Carleton Drive  
St. Albert, AB T8N 4J9  
(780) 460-8410  
[dac@promedics.org](mailto:dac@promedics.org)  
Registration Deadline - November 20, 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](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*

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|--|--|
| <input type="checkbox"/> First Medical Responder (FMR/EMR1)*<br><input type="checkbox"/> Emergency Medical Responder+<br><input type="checkbox"/> EMR Refresher Program*<br><input type="checkbox"/> Primary Care Paramedic+<br><input type="checkbox"/> PCP Refresher Program*<br><input type="checkbox"/> Advanced Care Paramedic+ | <input type="checkbox"/> PCP or <input type="checkbox"/> ACP Refresher Program*<br><input type="checkbox"/> Fundamentals of Airway - Basic*<br><input type="checkbox"/> Difficult Airway Course - Advanced*<br><input type="checkbox"/> BLS for Health Care Professional (CPR)*<br><input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS<br><input type="checkbox"/> Other (specify): _____ |
|--|--|

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

**\*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: \_\_\_\_\_