



**Dartmouth-Hitchcock Medical Center**

Mary Hitchcock Memorial Hospital

One Medical Center Drive  
Lebanon, New Hampshire 03756-0001  
603-650-7089

**Flyer**

*Lifesupport Programs*

**TO:** ACLS / PALS Training Centers  
**FROM:** DHMC Training Center, ME-NH-VT Region  
**DATE:** January 19, 2009

**SUBJECT: BLS & ACLS & PALS INSTRUCTOR COURSE**  
*(this class covers all three disciplines)*

**Demonstrations by:**

**Laerdal Sim Man / Sim Baby**  
**Zoll CPR Challenge, Auto Pulse, Zoll Defibrillators**  
**DHMC Sim Center**

The DHMC Training Center, ME-NH-VT Region has scheduled a Three-day Combined Instructor Course to take place on: March 29 & 30 & 31, 2009

Lake Morey Resort  
in Fairlee, Vermont

**Course Cost: \$400 (does not include over night accommodations)**  
**Course meals and materials are included**

Please make any check out to: **DHMC LIFE SUPPORT PROGRAMS**

You **MUST** hold a Provider card in HCP & ACLS & PALS . Please photocopy your cards and send the photocopies in with your application forms.

**Prerequisites to be completed before start of class**

- \* **Aligned with an TC**
- \* **Completed Core Instructor Course**
- \* **Provider Card (HCP, ACLS, PALS)**
- \* **Completed Provider Preparation Check list (PALS)**
- \* **Completed Provider Preparation Check list (ACLS)**

Recommended to be completed before start of Class

- \* ECG & Pharmacology Course
- \* Airway Management Course
- \* STEMI Course  
(over)

**Books provided to participants**

BLS Inst manual  
ACLS Inst Manual  
PALS Inst Manual  
AHA 2005 Guidelines for CPR and ECG  
ACLS Resource Text  
2008 Handbook of Emergency Cardiovascular Care

**TO REGISTER:**

Fill out the Instructor Course Application Form, Page One. Then fill out the top section of the Instructor Course Application Form, Page Two. **MAKE SURE** your Training Center Coordinator fill out their appropriate section of Page Two before sending it to us; otherwise, you will not be accepted as an Instructor Candidate. Send payment with Forms.

Please forward everything to us no later than March 15, 2009. You may FAX the Application Forms to us at 603-650-0703, or mail them to:

**Dartmouth-Hitchcock Medical Center  
ATTN: Stanley Liang  
One Medical Center Drive  
Lebanon, NH 03756-0001**

If you have any questions, you may e-mail me at "Stanley.Liang@hitchcock.org" or telephone Stanley Liang at 603-650-7989, Monday thru Friday, between 8:30 AM and 3:00 PM (except for holidays).