ADVANCED TRAUMA LIFE SUPPORT
PROVIDER & REVERIFICATION COURSE- 7th Edition

APRIL 13-14, 2007

LOCATION: UTHSCSA, San Antonio, TX

FEES: PRACTICING PHYSICIANS……..$650.
Awarded 19 hours CME
REVERIFICATION*………………..$400.
Awarded 5 hours CME

*Minimum requirements for Reverification:
DAY 2:
Attend Triage Session
Complete Written Exam with 80% or above
Satisfactory completion of Patient Assessment Test
Note: Reverification MUST be done within 6 months after the expiration date on the ATLS PROVIDER CARD, which is valid for 4 years from the date of course completion.

RESIDENT PHYSICIANS…… …$400.
RESIDENT REVERIFY*……………$300.

AUDITORS (PA,RN, EMT)………………….$175.

CANCELLATIONS: Due to the expenses incurred, cancellations MUST be received by NOON on MARCH 29, 2007. No Exceptions, please.
LIMITED SPACES: 24 PHYSICIANS per ACS.
With questions or concerns please contact Sandy at 210-410-5644 or via Email: crbauermd@prodigy.net
ATLS REGISTRATION
APRIL 13-14, 2007

(Type or Print)

NAME __________________________________________

Email: __________________________________________

Social Security Number __________________________

Current Field of Practice (Surgery, Pediatrics, Emergency Medicine, Etc.) _________________

MD, DO, PA, RN, EMT __________________________

Resident/Fellow Status: yes_____ no_____    

Military: yes ___ no _____ (If yes, Rank/Branch________________)

TO REVERIFY YOU MUST ENTER: LAST ATLS COURSE DATE & LOCATION: _______/_______/________, ______________________________

MAILING ADDRESS: __________________________________________

City/State/Zip Code

PHONE: (___)_________ (___)_________ (___)_________  

Home               Work               Fax

MAKE CHECK* PAYABLE TO:   
   ATLS San Antonio

MAIL TO:   
   ATLS San Antonio   
   Charles R. Bauer, MD 
   7561 Silver Spur Trail   
   Fair Oaks Ranch, TX 78015-4220

* Please return this form with check…you are NOT registered until check is received. Registration will close when course is full. Limited spaces available per American College of Surgeons.