

**PALS** (*Pediatric Advanced Life Support*)  
**Instructor Course Application Form**  
**February 15-16, 2012**  
**Winnipeg, Manitoba**



**HEART &  
STROKE  
FOUNDATION  
OF CANADA**

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Name \_\_\_\_\_ Employer(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

1. Please describe your current experience in pediatric advanced life support:

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2. Have you completed a PALS Provider Course using the 2010 guidelines? YES  NO

3. Please describe why you wish to become a PALS Instructor and where you will be teaching:

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4. Describe your involvement, if any, in small group teaching, i.e. preceptoring:

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5. Describe your experience, if any, in developing educational programs:

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6. What topics are you currently teaching and how often (include any unrelated teaching as well)?

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7. How will you ensure you can maintain your Instructor status (3 classes in 3 years)?

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8. In the next 3 years, how will you maintain your proficiency in PALS skills outside of teaching?

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## Course Fee - \$500.00

Cheque enclosed \_\_\_\_\_  
(Payable to Heart and Stroke Foundation of Canada)

P.O. # \_\_\_\_\_

Visa/MasterCard/Am-Ex \_\_\_\_\_  
(Please circle)

Expiry date \_\_\_\_\_

**Please return application form, including required information  
and payment no later than: January 30, 2012.**

**Applications received after this date will not be accepted.**

### Required Information (must accompany application):

- (Copy of)* 2010 Heart & Stroke BLS for Health Care Provider (HCP) card (within last 12 months)
- (Copy of)* PALS Provider card – 2010 Guidelines
- Resume or Curriculum Vitae
- (Copy of)* Proof of Licensing from licensing body (i.e. CRNM, MMA, Paramedic)
- Payment or Payment Information

**Incomplete applications or applications missing required documentation  
will not be considered for review.**

### Submit your application and related information to:

Diana Bayles, Resuscitation/AED Program Manager  
Heart and Stroke Foundation of Canada, Manitoba  
6 Donald Street, Winnipeg, MB, R3L 0K6  
Fax: (204) 947-1737

### Should you have any questions, please contact Diana Bayles directly at:

Phone: (204) 949-2033      E-mail: [dbayles@heartandstroke.mb.ca](mailto:dbayles@heartandstroke.mb.ca)

### Refund Policy:

**No refunds will be issued once the participant confirmation letter has been sent out.**

The Heart and Stroke Foundation in Manitoba is committed to protecting the privacy of your personal information. The information gathered on this form will be used exclusively to maintain a record of course participants for verification and as a means to evaluate the resuscitation programs and instructors for quality assurance purposes.