

STUDENT REGISTRATION

2023 ADVANCED TRAUMA LIFE SUPPORT

Please mark 1st, 2nd and 3rd choices

FULL course preferences choose.	Refresher course preferences choose.
March 31 & April 1, 2023 - Billings	April 1, 2023 - Billings
April 21 & 22, 2023 - Helena	April 22, 2023 - Helena
May 19 & 20, 2023 - Missoula	May 20, 2023 - Missoula
August 25 & 26, 2023 - Billings	October 7, 2023 - Great Falls
October 6 & 7, 2023 - Great Falls	November 4, 2023 - Billings
November 3 & 4, 2023 - Billings	

MEETINGS/ CALENDAR

Please check course Availability first!
Call 406 444 4459 or check the calendar link of our website at:
<https://dphhs.mt.gov/publichealth/EMSTS/Calendar>

Enclose Registration: Registration is only guaranteed upon receipt of registration fee. (If course is full when you register, you will not be able to register for that course.)

<input type="checkbox"/>	\$750.00 for Physician registration MD/DO
<input type="checkbox"/>	\$600.00 for Advanced Practice Providers are (e.g., nurse practitioner, physician assistant, CRNA's) who are directly involved in the resuscitation of the trauma patient.
<input type="checkbox"/>	\$350.00 for Refreshers. Up to four physicians will be accepted at each course as an ATLS refresher. Refresher candidates are only eligible for the refresher course 6 months before their expiration date to 6 months past their expiration date. Candidates must have taken the 10 th edition and will attend on Saturday for approximately 4 hours for an update on 10th Edition ATLS materials. There is written and patient scenario testing. Refresher students should be very experienced in Trauma and Emergency Care and use those skills daily, as the refresher course is challenging the course and very comfortable with the material with little review.

**Make checks, money orders or cashier's check payable to "Montana Medical Association
(Credit Cards are not accepted)**

Last Name:
First Name
Discipline
Facility Where you Work: Physical Address (for UPS delivery of textbook, etc., NO PO Box.)
City:
State:
Zip:
Phone: Specialty: (Surgeon, Emergency, Family Practice, etc.)
Email Address REQUIRED:

**Complete registration fax and/or mail along with check to:
(credit cards are not accepted)**

**Send to: EMS & Trauma Systems
1400 Broadway, Rm C303A
PO Box 202951
Helena MT 59620-2951
Fax # 406 444 1814**