



# essentials of advanced airway management

From the creators of The Difficult Airway Course™

[theairwaysite.com](http://theairwaysite.com)

ADA&C Approved

## Optimizing Airway Management

*without medication*

Adult and Pediatric Airway Management

**NEW**  
8-hour  
Advanced  
Course

- **Learn critical airway management techniques** — including use of video laryngoscopy and other advanced imaging devices, extraglottic devices, and cricothyrotomy.
- **Learn a simple approach** to airway assessment.
- **Work with experienced faculty** who know the unique challenges facing EMS providers.
- **Use proven 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.
- **Meet your continuing education requirements.** This one-day course is approved by CAPCE.

**Date:** December 4<sup>th</sup>, 2021

**Location:** 0800 – 1700h

**Professional Medical Associates**

#101, 265 Carleton Drive

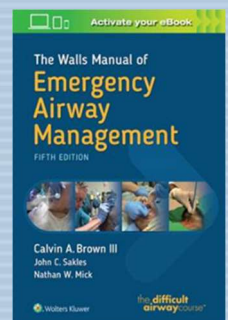
St. Albert, AB T8N 4J9

(780) 460-8410

[dac@promedics.org](mailto:dac@promedics.org)

### Didactic and hands-on training in crucial airway topics:

- Difficult and failed airway management
- Video laryngoscopy and other advanced imaging devices
- Pediatric airway management
- Endotracheal tube introducers (bougie)
- Surgical cricothyrotomy
- Extraglottic devices
- CPAP and BiPAP
- Confirmation with capnography



For Registration and Course Information:

Contact Shelley at St. Albert Office - (780) 460 - 8410 or email attached application to [dac@promedics.org](mailto:dac@promedics.org).  
Course tuition - \$755.00 including e-book version of textbook.

**COURSES OFFERED THROUGHOUT THE WORLD**

Evidence-based. Advanced. Hands-On.



# PROGRAM APPLICATION FORM

**Application for: (check one)**

*EMT-Paramedic Program - CMA Advanced Care Paramedic*

*Educational Seminars and Workshops*

*EMT - CMA Primary Care Paramedic and EMR Programs*

*First Aid, CPR and AED Programs - Needs Assessment and Training*

*Training Assessment, & Consulting*

*Interactive Multi-Media*

*High-Fidelity Simulator/Driving Programs*

*On-site Program Delivery Specialists*

*Paramedical and EMS staffing*

*Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, PHALS, TECC, PALS and ACLS*

<input type="checkbox"/> First Medical Responder (FMR/EMR1)* <input type="checkbox"/> Emergency Medical Responder+ <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> Primary Care Paramedic (EMT)+ <input type="checkbox"/> PCP (EMT) Refresher Program* <input type="checkbox"/> Advanced Care Paramedic (EMT-P)+	<input type="checkbox"/> ACP (EMT-P) Refresher Program* <input type="checkbox"/> Fundamentals of Airway - Basic* <input type="checkbox"/> Difficult Airway Course - Advanced* <input type="checkbox"/> BLS for Health Care Professional (CPR)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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<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> _____ MC   Visa   Debit   Cash   Chq #   Other Authorization # _____ Security # _____ Invoice or PO# _____	<b>COURSE CODE:</b> _____  <b>START DATE:</b> _____	<b>CONFIRMATION LETTER:</b> <b>Sent or P/U (SF) (MC)</b> <b>Date:</b> _____  <b>COMMENTS:</b> _____
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**\*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: \_\_\_\_\_