

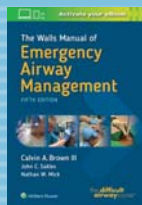


the difficult airway course™ EMS

theairwaysite.com

The Definitive EMS Airway Course

- **Learn the full range of airway management techniques** — including use of extraglottic devices, medication-assisted intubation, video laryngoscopy & other advanced imaging devices, and cricothyrotomy.
- **Work with experienced faculty** who know the unique challenges facing EMS providers.
- **Use all of the 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. These include elevated ICP, pulmonary edema, status asthmaticus, foreign body in the airway, direct airway trauma, multiple trauma with shock, and many more.
- **Meet your continuing education requirements.** This two-day course is approved by CAPCE and ASTNA.
- **Receive the definitive airway textbook, *The Walls Manual of Emergency Airway Management*** by Calvin A. Brown, MD John C. Sakles, MD and Nathan W. Mick, MD



Date: June 4th and 5th, 2022 - 0800h

Location:

Professional Medical Associates - Calgary
Suite #112, 11420 - 27 Street SE
Calgary, AB T2Z 3R6
(403) 547-9709
dac@promedics.org
Registration Deadline - May 27, 2022

Didactic and hands-on training in crucial airway topics:

- Difficult and failed airway management
- Video laryngoscopy and other advanced imaging devices
- Medication-assisted intubation (including RSI and RSA)
- Pediatric airway management
- Endotracheal tube introducers (bougie)
- Surgical cricothyrotomy
- Extraglottic devices
- Capnography
- Ventilator management
- CPAP and BiPAP
- Digital and nasal intubation



For Registration and Course Information:

Course Tuition - \$395.00 - includes e-book version of Manual of Emergency Airway Management. For registration, contact the office at (403) 547-9709 or download application form from the website - www.promedics.org/dac or email - dac@promedics.org

COURSES OFFERED THROUGHOUT THE WORLD

Evidence-based. Comprehensive. 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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LEGAL SURNAME		FIRST NAME/MIDDLE INITIAL	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
()	()	()	
PHONE (HOME)	PHONE (BUSINESS)	PHONE (MOBILE)	
DATE OF BIRTH (MM/DD/YY)	DRIVER'S LICENCE #	EMPLOYER/POSITION	
PREVIOUS EMS TRAINING INSTITUTION (If Applicable)			GRADUATION DATE
EMAIL ADDRESS		ACP REGISTRATION #	

FOR OFFICE USE ONLY:

AMOUNT PAID: \$ _____ MC Visa Debit Cash Chq # Other Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (SF) (MC) Date: _____ COMMENTS: _____
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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: _____