

ACLS Course Info

SBLHC EMS System Members

ACLS Course **\$100**

Non System Members/Independents

ACLS Course **\$125**

ACLS follows the recommendations of the American Heart Association.



Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.


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Emergency Medical Services

Advanced Cardiac Life Support




Sarah Bush
Lincoln
Trusted Compassionate Care

Course Overview

The initial moments and actions taken when cardiac arrest occurs are the most critical to improving survival rates. Advanced Cardiovascular Life Support (ACLS) course is designed for healthcare providers who either direct or participate in the resuscitation of a person.

This course is designed to enhance your skills in the treatment of arrest and peri-arrest through active participation in a series of simulated cardiopulmonary cases.

ACLS Core Concepts

The goal of the ACLS course is to improve the quality of care provided to the adult victim of cardiac arrest or other cardiopulmonary events.

Core Concepts:

- Identify and treat medical conditions that place a person at risk or cardiac arrest.
- Complete the Basic Life Support (BLS) Primary Survey
- Complete the ACLS Secondary Survey
- Understand ACLS Algorithms
- Develop effective resuscitation team dynamics

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ACLS Registration

2025 schedule

ACLS Course

- | | |
|---------------------------------------|--------------|
| <input type="checkbox"/> January 28 | 8 am to 2 pm |
| <input type="checkbox"/> February 25 | 8 am to 2 pm |
| <input type="checkbox"/> April 29 | 8 am to 2 pm |
| <input type="checkbox"/> June 24 | 8 am to 2 pm |
| <input type="checkbox"/> July 29 & 31 | 8 am to 2 pm |
| <input type="checkbox"/> August 26 | 8 am to 2 pm |
| <input type="checkbox"/> October 28 | 8 am to 2 pm |
| <input type="checkbox"/> December 16 | 8 am to 2 pm |

Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

Check Other

Bill EMS service _____

Bill Hospital Dept _____

Licensed as: _____ Expiration _____

