



## American Heart Association Advanced Cardiovascular Life Support **Provider** Course (ACLS-P) **2020 Guidelines**

### Course Aim:

The course enhances knowledge & skills in the treatment of adult victims who are in cardiac arrest or other cardiopulmonary emergencies.

### Intended Audience:

Doctors, Nurses, Allied Health, Ambulance Crew and Air Ambulance Crew

### Prerequisite:

Student should provide an AHA BLS Provider Course Completion Card / eCard

### Course Duration:

16 hours (2 days)

### Certificate:

American Heart Association  
ACLS Provider eCard  
(Valid for 2 years)

### CNE / CME Points:

CNE: 14 points  
CME: Available for various colleges

### Course Fee:

HA staff: HKD \$2,640  
Non-HA staff: HKD \$2,880

AHA disclaimer : The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.



醫院管理局  
律敦治及鄧肇堅醫院急症科訓練中心  
Accident & Emergency Training Centre,  
RTSKH, Hospital Authority



查詢電話: 35533300  
電郵: aetc@ha.org.hk  
報名情況及下載報名表格:  
<http://www.ha.org.hk/aetc>



**AUTHORIZED  
TRAINING  
CENTER**



IV Points to note

- a. For your safety, please ensure you have good health to attend the course. Some AETC courses require intensive manual handling operations, such as cardiopulmonary resuscitation training, patient lifting and transfer, bulky course equipment manipulation etc. If you have neck, back, limbs or waist injuries or other serious medical conditions, or you are pregnant, you are not suitable to attend the course.
- b. Participants should be aware of the Centre regulations and be disciplined to ensure a smooth course delivery.
- c. Course fee is non-refundable to the participants who have not completed the course regardless of reason(s).

The Centre reserves the right to vary any terms and conditions of the Enrolment Issue at any time.

In the event of any disputes, the decision of the Centre on all matters shall be final.

# Advanced Cardiovascular Life Support Provider Course (ACLS-P)

Full Name: \_\_\_\_\_  
(Capital Letters) Mr. / Ms. \_\_\_\_\_ ( \_\_\_\_\_ In Chinese)

Non-HA Staff

HA Staff Hospital / Dept. / Rank \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

E-mail address (Mandatory): \_\_\_\_\_

Mobile number: \_\_\_\_\_ Office number: \_\_\_\_\_

**#Intended Audience: Doctors, Nurses, Allied Health, Ambulance Crew, Air Ambulance Crew**

Course Date :  18 & 24 Jan 2025 (Sat & Fri)  
 20 & 25 Jan 2025 (Mon & Sat)

Course Time : 09:00 – 17:00

Course Fee :  HKD \$ 2,880 (Non-HA staff) #  
 HKD \$ 2,640 (HA staff) #

Venue: 3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre,  
282 Queen's Road East, Wan Chai, Hong Kong

**#Please attach a photocopy of**

- 1) AHA BLS Provider Course Completion Card / eCard and
- 2) Staff Card

Collection of course manual:

- Self-collection
- HKD \$60 for Courier Service

Delivery Address

(if different from above): \_\_\_\_\_

**Declaration:**

1. In the event of dispute in respect of these declarations or any rules and regulations arising from class, examination or event, the decision of the Centre shall be final, binding and conclusive.
  2. I agree that, late for attending the class by more than 30 minutes of the scheduled time would be treated as absent by the Centre.
  3. I agree that, upon the completion of admission, I shall comply with the requirements as stipulated under the Course Application Procedures and Guidelines, including temporary arrangements, Course and Examination Notice.
  4. I understand that I need to take care of my personal belongings during class, examination and event. I am solely responsible for any loss of or damage to my personal belongings during attending course and examination. AETC shall not be under any liability for any loss in such circumstances.
- I acknowledge that I fully understand and agree to accept the enrolment procedures and guidelines on pages 2-3. (Mandatory):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For application by post, please fill in your postal address for returning the application documents/course fee.

Name : _____	Name : _____
Address : _____	Address : _____