

EKG for Allied Health Professionals

LOCATION	Texas School of Sleep Medicine & Technology, 5290 Medical Drive, San Antonio, TX 78229 (210)–614-6000		
2010 DATES	<table border="0"> <tr> <td>Generally the last Friday of the month with exception of November</td> <td> February 26, 2009 May 28, 2009 August 27, 2009 November 19, 2009 </td> </tr> </table> <p>Classes begin at 11:00 a.m. and end 5:00 p.m. Friday</p>	Generally the last Friday of the month with exception of November	February 26, 2009 May 28, 2009 August 27, 2009 November 19, 2009
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COURSE DESCRIPTION	<p>This is an intensive 1–day didactic and practical training program in the proper recognition of normal and abnormal EKG rhythms. The focus is in the instruction and practice of recognizing the various EKG rhythms that are found in an adult polysomnographic record at an accredited sleep center facility. Academics include currently accepted standards and practice for accurately identifying the various normal and abnormal EKG waveforms associated with cardiologic processes. The comprehensive curriculum is presented by highly experienced staff. Participant will have opportunity to review and practice EKG rhythm recognition.</p> <p>Completion of this course does not constitute certification or credentialing in any allied health career or BLS/ACLS.</p>		
OBJECTIVE	Upon completion of the course, participants should recognize and characterize normal and abnormal EKG waveforms and rhythm disturbances.		
WHO SHOULD ATTEND	All Allied Health Personnel with interest in learning more about cardiac rhythm disturbances for improving patient care. Class limited to first 30 persons who register. Program Director reserves the right to refuse admission to any individual applicant. Program Director also reserves the right to deny a certificate of completion to any participant not attending the entire course.		
PREREQUISITES	None.		
TUITION	The tuition of \$135 includes all lectures, practical exercises, and course materials. \$10 discount for registration payments received 30 days or more prior to program start date. Fees can be paid by cash, check, or credit card and should be received prior to course date. Tuition includes a \$25 non-refundable administrative fee.		
CONTINUING EDUCATION CREDIT	<ul style="list-style-type: none"> This program has been approved for a maximum of 6.00 AAST Continuing Education Credits (CEC) by the American Association of Sleep Technologists. One Westbrook Corporate Center, Suite 920, Westchester, IL 60154 		



TEXAS SCHOOL OF SLEEP MEDICINE & TECHNOLOGY
 AN AMERICAN ACADEMY OF SLEEP MEDICINE
 ACCREDITED A-STEP PROVIDER
 1-866-614-6007

EKG for Allied Health Professionals

TOPICS	<p><u>Foundation Knowledge</u> Introduction to : Cardiac Anatomy EKG signal generation</p>	<p><u>Clinical</u> Waveform and Rhythm Recognition including: Normal sinus rhythm, Atrial, Junctional, Ventricular Ectopic beats and Rhythms, Various Blocks & Pacemaker rhythms</p>	<p><u>Practical Exercise</u> Recognition and practice identifying various cardiac arrhythmias</p> <p><u>Course Evaluation</u> Course Review & Critique</p>
FACULTY	<p>James M. Andry, MD Diplomate – ABSM, ABIM- Sleep Medicine Director Texas School of Sleep Medicine & Technology San Antonio, Texas</p>	<p>Joyce Compton, RN, BSN Faculty / Instructor Texas School of Sleep Medicine & Technology San Antonio, Texas</p>	
SCHEDULE FOR TRAVEL	<p>Registration begins at 10:30 a.m. and lectures begin at 11:00 a.m. on Friday. The course ends at 5:00 p.m. on Friday. Attendees who leave prior to the completion of the course may not be eligible to receive a course completion certificate but will receive appropriate C.E.C's for the hours attended.</p>		
ACCOMMODATIONS	<p>Participants are responsible for their own travel, food, and lodging.</p> <p>Preferred Hotels : Drury Inn & Suites / Best Western – Medical Center – Corporate Code 301835</p>		
DISCLOSURE POLICY	<p>All faculty members participating in continuing education programs sponsored by Texas School of Sleep Medicine & Technology are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).</p>		
PROGRAM DIRECTOR	<p>James M. Andry, MD Texas School of Sleep Medicine & Technology San Antonio, Texas</p>		
CONTACT INFORMATION	<p>Texas School of Sleep Medicine & Technology Education Department 5290 Medical Drive San Antonio, Texas 78229</p>	<p>Phone: 210-860-6000 Toll Free: 866-614-6007 Fax: 210-614-7728 Email: education@TexasSleepSchool.com Web Site: www.TexasSleepSchool.com</p>	



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Registration Form (**Please Mark the Date You Are Attending**)

2010	EKG for Allied Health Professionals	\$135 All Participants	Discount \$10 if payment received 30 days in advance
January	26	<input type="checkbox"/>	All participants must register online at www.TexasSleepSchool.com
May	28	<input type="checkbox"/>	
August	27	<input type="checkbox"/>	
November	19	<input type="checkbox"/>	

Please complete all information on registration form. (PLEASE PRINT)

Participant Information

Full Name: _____

Credentials: _____

Name on Name Badge: _____

License #: _____

Specialty: _____

Mailing Address: _____

City, State, Zip: _____

Country: _____

Home Phone: _____

Work Phone: _____

Work Fax: _____

Email: _____

Name of Sleep Center where you work: _____

City, State: _____

Hospital Affiliation: _____

Management Company: _____

Position / Title: _____

Hotel you are registered in: _____

Payment Information

Make checks payable to Texas School of Sleep Medicine & Technology. A \$25.00 administrative fee will be retained from all cancelled registrations.

Method of Payment: Cash Check Credit Card

Credit Card: AX VISA MC DIS

Amount Enclosed: \$ _____

Credit Card Information (*Must have for credit card transactions)

*Credit Card Number: _____ Security Code _____

*Expiration Date: _____

*Customer Name: _____

*Billing Street Address: _____

*City, State, Zip: _____

*Country: _____

*Signature: _____

If someone other than the registrant is paying the tuition, please complete the information below.

Who will pay: _____

Contact Person: _____

Phone Number: _____

Please Send My Confirmation Letter To:

4	Location	Email / Fax
	Email Address 1	
	Email Address 2	
	Fax Number	
	Mail Address Above	

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FOR OFFICE USE ONLY

Date Received	
Payment	
Confirmation Sent	