

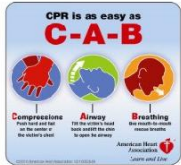


Hong Kong Association of Critical Care Nurses 香港危重病學護士協會

Room 501, 5/F, Great Smart Tower, 230 Wan Chai Road, HK
Website: hkaccn.org



Basic Life Support Provider Course



The Basic Life support (BLS) course for Healthcare providers Course aims to provide BLS knowledge and skills of recognize several life-threatening emergencies, CPR for victims of all ages (including Ventilation with a barrier device, a bag-mask device, and oxygen), use of automated external defibrillator (AED), and relief foreign-body airway obstruction (FBAO) in a safe, timely and effective manner. This program will make use of videotape, practical session and instructor discussion to help participants to provide basic life support in wide variety of in-hospital & out of hospital setting.

Course Schedule (2018)

13/01/2018 (Sat)	03/02/2018(Sat)	09/03/2018 (Fri)	07/04/2018 (Sat)
13/04/2018 (Fri)	05/05/2018 (Sat)	12/05/2018 (Sat)	02/06/2018 (Sat)
08/06/2018 (Fri)	07/07/2018 (Sat)	14/07/2018 (Sat)	04/08/2018 (Sat)
01/09/2018 (Sat)	08/09/2018 (Sat)	05/10/2018 (Fri)	03/11/2018 (Sat)
10/11/2018 (Sat)	07/12/2018 (Fri)	14/12/2018 (Fri)	

<u>Course Duration</u> 08:30 – 13:00	<u>Venue</u> HKACCN Office
<u>Course Fee</u> \$ 300 (Member) \$ 450 (Non-member)	<u>Certificate</u> BLS Provider Card issued by American Heart Association (Valid for 2 years)
<u>Continuing Education Points</u> CNE: 4 points	<u>Enquiry email</u> hkaccn@hotmail.com.hk
<u>Enrolment</u>	
1. Please complete the application form and send it together with a crossed cheque made payable to “Hong Kong Association of Critical Care Nurses Ltd.”	
2. Acceptance letter will be issued via E-mail for collection of course books	

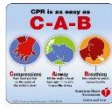


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HK Website: hkaccn.org



Basic Life Support Course (BLS) for Healthcare Providers



Objective:	The Basic Life support (BLS) course for Healthcare providers Course aims to provide BLS knowledge and skills of recognize several life-threatening emergencies, CPR for victims of all ages (including Ventilation with a barrier device, a bag-mask device, and oxygen), use of automated external defibrillator (AED), and relief foreign-body airway obstruction (FBAO) in a safe, timely and effective manner. This program will make use of videotape, practical session and instructor discussion to help participants to provide basic life support in wide variety of in-hospital & out of hospital setting.				
Course Schedule:	13/01/2018 (Sat) 05/05/2018 (Sat) 14/07/2018 (Sat) 03/11/2018 (Sat)	03/02/2018 (Sat) 12/05/2018 (Sat) 04/08/2018 (Sat) 10/11/2018 (Sat)	09/03/2018 (Fri) 02/06/2018 (Sat) 01/09/2018 (Sat) 07/12/2018 (Fri)	07/04/2018(Sat) 08/06/2018 (Fri) 08/09/2018 (Sat) 14/12/2018 (Fri)	13/04/2018(Fri) 07/07/2018 (Sat) 05/10/2018 (Fri)
Course Time:	08:30 – 13:00 (half-day course)				
Course Venue:	HKACCN office				
Course Fee:	\$300 (Member) / \$450 (Non-member)				
Assessment:	1. Successful demonstration the skills of CPR, mouth-to-mask and bag-mask ventilation, use of AEDs, and relief of FBAO for the responsive and unresponsive victim. 2. Passing the post-course written MCQ examination with a score 84% or better				
Continuing Education Point:	CNE: 4 points				
Certificate:	BLS Provider Card issued by American Heart Association (Valid for 2 years) will be awarded to participants who passed the examination				
Enquiry:	Email: hkaccn@hotmail.com.hk				

Basic Life Support (BLS) course for Healthcare Providers – Application Form

1. Upon completing the application form, please mail together with a crossed cheque (Payable to “Hong Kong Association of Critical Care Nurses Limited”) to HKACCN, RM 501, 5/F, Great Smart Tower, 230 Wan Chai Road, Hong Kong, Please specify “Course Application” on the envelope.
2. Please attached photocopy of Valid BLS certificate.
3. Acceptance letter will be issued via E-mail at least 4 weeks before course dater for collection of course books.
4. Receipt will be issued on the day of course.

Name in Chinese 中文姓名	Name in English 英文姓名	
Present Working Department / Organization 現在任職機構及部門	Position 職位	
Telephone No 電話號碼	Email Address 電郵	
Mailing Address 地址		
Members / Non-member 會員 / 非會員	Membership No 會員號碼	Cheque / Bank Draft No 支票 / 本票號碼
Course Date 課程日期 First Choice 第一選擇 : _____ Second Choice 第二選擇 : _____	Signature 報名者簽署:	Date 填報日期: