

## 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, Hong Kong http://<u>www.hkacen.org/</u>

## American Hear Association Learn and Lives



## Basic Life Support (BLS) Provider Course 2024

Objectives:	The Basic Life Support (BLS) Provider Course aims to enable participants to recognize cardiac arrest in adult, child and infant. The course will include activation of emergency response system, performing high-quality CPR for all ages, use of an automated external defibrillator (AED), and relief of foreign body. This course will make use of videoclips, hands-on practical session and small group discussion to facilitate participants to master the skills of basic life support for both in-hospital and out-of-hospital settings.			
Schedules:	Friday Classes 23/2, 26/4, 7/6, 2/8, 13/9 & 1/11		Saturday Classes 20/1, 16/3, 25/5, 20/7, 31/8, 5/10, 30/11, 14/12	
Time:	08:30 – 13:00 (Half-day course)			
Venue:	HKACCN office, Room 501, 5/F, Great Smart Tower, 230 Wan Chai Road, Hong Kong			
Fee:	\$350 (Member) / \$550 (Non-member)			
Skills Tests and Exam:	<ol> <li>Pass the adult CPR and AED Skills Test, the Infant CPR Skills Test <u>AND</u></li> <li>Score at least 84% on the post-course written MCQ exam.</li> </ol>			
CNE points:	CNE: 4 points			
Award:	<ul> <li>BLS Provider eCard issued by American Heart Association (Valid for 2 years), and</li> <li>Certificate of Completion issued by HKACCN will be awarded to participants who have passed the Skill Tests and the written MCQ Exam.</li> <li>Certificate of Attendance will be issued to participants who have attended the whole program but failed the assessment.</li> </ul>			
Enquiry:	Email: <u>hkacen.org@hotmail.com</u> Tel: 28612972 WhatsApp 68945051			
<ul> <li><u>Basic Life Support (BLS) Provider Course – Application Form</u></li> <li>Please complete the online registration form. Office administrator will confirm the application in two working days with payment details provided. OR</li> <li>Please mail the completed application form to the address below together with a crossed cheque payable to "Hong Kong Association of Critical Care Nurses Limited". Office administrator will confirm the application in two working days after we have received your application form.</li> <li>Acceptance letter will be issued via E-mail</li> <li>Receipt will be issued on the day of course</li> </ul>				
Name in Chinese 中文姓名			Name in English 英文姓名	
Working Department and Organization 任職機構及部門			Position 職位	
Telephone No 電話號碼		Email Address 電郵		
Mailing Address 地址				
Member / 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 簽署		Date 日期