

American Medical Resource Institute™
ACLS/PALS Online Provider Course Instructions

[1] You may use the Provider Manual or Textbook you will receive as a reference, or to study with. Everything needed to *successfully complete* the ACLS or PALS provider examination can be *found within the website program*.

[2] You can complete your **Clinical Skill Verification** documents and submit them at any time (before or after taking the exam). However, we **cannot issue your provider card** until we have received them.

[3] Complete the CLINICAL OBSERVER/VERIFIERS form for each individual you have used to complete your hands-on clinical skill evaluations. You may copy the forms and use as many qualified observer/verifiers as you need.

[4] You may submit your Clinical Observer/Verifier and Clinical Skill Evaluation forms via any of the following:

FAX: 1-888-833-2674

EMAIL: (pdf file) administration@amrieducation.org

US MAIL/UPS/FEDEX
American Medical Resource Institute
715 Ela Road Suite 2-B
Lake Zurich, IL 60047-6300

Customer Support: toll free **1-800-272-9064**
Monday – Friday (9:00 am – 5:00 pm CST)

If you need assistance,
Email is the best route: [**administration@amrieducation.org**](mailto:administration@amrieducation.org)

American Medical Resource Institute™
Detailed Explanation for Clinical Skill Verification

- I. Submission of a copy of a current BLS (CPR/AED) card is acceptable proof of CPR training.
- II. For nursing personnel: a verifying signature of a nurse educator; nursing administrator or clinical specialist who has current ACLS or PALS status is acceptable.
- III. For medical students: a verifying signature of a Program Director, Critical Care Medicine attending physician, Cardiologist or Emergency Medicine practitioner who uses the knowledge and skills of the ACLS and/or PALS program and ACLS or PALS trained is acceptable.
- IV. For attending physicians: a verifying signature of a CME director, or peer who practices Anesthesiology, Cardiology, Intensive Care medicine, or other peer who uses the knowledge and skills of the ACLS and/or PALS program in their daily practice, and is ACLS or PALS trained.
- V. An active member of a professional faculty with expertise in the specific area being verified, who has participated in an ACLS or PALS program. (i.e. supervising anesthesiologist, advanced practice critical care nurse specialist, cardiologist, etc.)
- VI. Any licensed professional who is a current ACLS or PALS instructor.
- IV. **PERSONS NOT ACCEPTABLE**
 - a. assistive personnel (non-licensed technicians)
 - b. any individual regardless of the professional expertise, who has not previously participated in a formal ACLS or PALS training program.
 - Although some ACLS and PALS programs grant instructor status to unlicensed assistive persons, these individuals are not acceptable for the unique purposes of the online programs, and are not acceptable verifiers of clinical (“hands-on”) skills.

If you have any questions regarding the qualification of a verifier, please email:

administration@amrieducation.org

AMERICAN MEDICAL RESOURCE INSTITUTE™
ONLINE SKILLS VERIFICATION

Once you have completed the online educational program for ACLS or PALS, send this completed document via FAX, email, or mail to the address provided on the ACLS/PALS Provider Course Instructions form. Your provider certification card and CE documents will be sent as soon as your file is complete.

PRINT NAME _____

Email address: _____

Complete the following for clinical skills (hands-on) activities you have been evaluated.

CHECK ALL THAT APPLY: **ADVANCED CARDIAC LIFE SUPPORT (ACLS)**

- Basic Life Support (CPR), including AED (date/location) _____
- Airway Management/Emergency Ventilation ★ (verifying signature) _____
- Defibrillation* /TCP if available (verifying signature) _____
- ECG/arrhythmia recognition (verifying signature) _____
- IV access/management (verifying signature) _____
- Management of resuscitation/Mega Code (verifying signature) _____
- I have prescriptive authority I do not have prescriptive authority (use SOPs/standing orders)

CHECK ALL THAT APPLY: **PEDIATRIC ADVANCED LIFE SUPPORT (PALS)**

- Pediatric Basic Life Support (CPR) ★ (date/location) _____
- Pediatric airway management/ventilation ★ (verifying signature) _____
- Pediatric IV access/Intra-osseous (verifying signature) _____
- Management of pediatric emergencies (verifying signature) _____

VERIFYING INDIVIDUAL: Clinical Educator ACLS/PALS instructor Licensed practitioner who performs the activities on a regular basis. Clinical director (Dept. or Unit)

NAME _____

CERTIFICATION BY USER: (INDIVIDUAL RECEIVING CERTIFICATION)

I submit the above information affirming is accurate and true to the best of my knowledge. By placing my signature hereon, I understand that American Medial Resource Institute may commence adverse action against me, and I understand that intentional fraud or deceit may constitute a crime in most states.

Signature _____ DATE _____

★ = nationally required activity (must be evaluated to receive certification)