

# 2012 STABLE Courses

Pediatric Focus Training Center — Cynthia Cristofani, MD, Director — Gina Craven, RN, Coordinator

<http://www.pediatricfocus.org> 503-662-3383 (fax/voicemail)

Affiliated with Oregon Research and Education Foundation

Accredited by Providence Portland Medical Center and Providence St. Vincent Medical Center

Our local classes are held at Providence St. Vincent Medical Center. We also offer classes elsewhere in Oregon and southern Washington.

## Portland-area Classes (Held at Providence St. Vincent Medical Center)

February 10, 2012  
April 2, 2012  
June 22, 2012  
September 10, 2012  
November 9, 2012  
December 3, 2012

## Traveling Classes (Check [www.pediatricfocus.org](http://www.pediatricfocus.org) for added or cancelled classes) Contact local coordinators for information or to register.

May 31 Good Shepherd Medical Centertr (Hermiston) Juli Gregory 541-667-3506

## Registration Form for Portland-area Classes (PLEASE PRINT CLEARLY!)

(For others, please consult local coordinator for price and registration procedures.)

Name \_\_\_\_\_

Title: MD DO PNP RN\* RCP EMT-P PA-C Other: \_\_\_\_\_

\*Nursing license number (required for CEU credit) \_\_\_\_\_

Mailing address \_\_\_\_\_  
(include department if this is a hospital address)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_ email (confirmation will be sent here) \_\_\_\_\_

Practice setting:  Hospital  Office  Prehospital  Other: \_\_\_\_\_

**PROVIDENCE EMPLOYEES:** Please fill out the information below and we can bill Providence directly for the course.

Facility \_\_\_\_\_ Department \_\_\_\_\_ Employee # \_\_\_\_\_

Desired course date(s) \_\_\_\_\_

Alternative course date(s) \_\_\_\_\_

STABLE is a one-day, 8-hour class. Textbooks can be purchased at the [stableprogram.org](http://stableprogram.org) website. While they are not mandatory, they remain a resource and reference for many people.

### Registration fees

One-day STABLE Course: \$130

Individuals who withdraw too late will not be reimbursed; check our website for our cancellation policy.

### Means of payment:

Check payable to OREF (Oregon Research and Education Foundation)  VISA  MasterCard

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Mail this form, with payment, to:

PALS

PO Box 8553

Portland OR 97207-8553

or fax it to 503-662-3383.

If you have questions or comments about anything, you can leave voicemail at 503-662-3383, or email [pals@pediatricfocus.org](mailto:pals@pediatricfocus.org).