

**American Heart Association Emergency Cardiovascular Care Program
 Advanced Cardiovascular Life Support and Pediatric Advanced Life Support
 Course Roster Form**

Course Information

New Course Renewal Course

ACLS

ACLS Provider ACLS EP Provider

PALS

PALS Provider

Physician Instructor:

Course Director _____

Status: Instructor/CD TC Faculty Regional Faculty

Lead Instructor _____

Status: Instructor/CD TC Faculty Regional Faculty

Training Center _____

Site Name _____

Course Location _____

Address _____

City, State ZIP _____

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Instructor Ratio _____	Issue Date of cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
1.				5.			
2.				6.			
3.				7.			
4.				8.			

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines.

 Signature of Course Director

 Date

DATE _____ COURSE _____ COURSE DIR. _____

Course Participants

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					