

**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

**Course Director** \_\_\_\_\_

Status:  Instructor/CD    TC Faculty    Regional Faculty

**ACLS**

ACLS Provider       ACLS EP Provider

**Lead Instructor** \_\_\_\_\_

Status:  Instructor/CD    TC Faculty    Regional Faculty

Training Center \_\_\_\_\_

**PALS**

PALS Provider

Site Name \_\_\_\_\_

Course Location \_\_\_\_\_

Physician Instructor:  
 \_\_\_\_\_

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> <i>Please PRINT as you wish your name to appear on your card.</i>	<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.					