

**American Heart Association Emergency Cardiovascular Care Program  
 Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS)  
 Course Roster**

**Course Information**

**New Course**       **Renewal Course**

**ACLS**

**ACLS Provider**       **ACLS EP Provider**

**PALS**

**PALS Provider**       **PEARS**

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

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

**Status:**  Instructor/CD     TC Faculty     Regional Faculty

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

Status:  Instructor/CD     TC Faculty     Regional Faculty

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

Training Site Name (if applicable) \_\_\_\_\_

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 if not aligned with 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 session was conducted in accordance with AHA guidelines.

\_\_\_\_\_  
 Signature of Course Director

\_\_\_\_\_  
 Date

Date: \_\_\_\_\_ Course: \_\_\_\_\_ Course Director: \_\_\_\_\_

**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.					