

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM  
ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT  
COURSE ROSTER FORM**

**Course Information**

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

**ACLS Provider**

**PALS Provider**

Training Center UHC - 22

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

Address \_\_\_\_\_

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

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total hours of Instruction \_\_\_\_\_

# of Cards issued \_\_\_\_\_ Student/Manikin Ratio \_\_\_\_\_ Issue Date of cards \_\_\_\_\_

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

Status:  Instructor/CD     TC Faculty     RF

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

Status:  Instructor/CD     TC Faculty     RF

**Manikins Decontaminated By:**

**Decontamination Method:**

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

*Name/Email/Instructor Number/Card expiration date/ Station*

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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

Signature of Lead Instructor \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANT SIGN IN SHEET**

DATE \_\_\_\_\_

COURSE ACLS/PALS Provider

<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/Date Completed</i>	<i>MULTI RHYTHM SKILL TEST</i>	<i>Exam Score</i>	<i>Complete(Pass)/Incomplete</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Station Competency</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Station Competency</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
23.						
24.						
25.						
26.						
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28.						
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33.						