

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM
 ACLS AND PALS PROGRAM INSTRUCTOR COURSES
 COURSE ROSTER FORM**

Course Information

- New Course** **Renewal Course**
- ACLS Instructor**
 This course includes all of the ACLS Instructor Course core components.
- PALS Instructor**
 This course includes all of the ACLS Instructor Course core components.
- Manikins Decontaminated By:**

Course Director _____
 Status: Instructor/CD TC Faculty RF

Lead Instructor _____
 Status: Instructor/CD TC Faculty RF

Training Center UHC - 22 _____

Site Name _____

Decontamination Method:

Course Start Date/Time _____ Course End Date/Time _____ Total hours of Instruction _____

of Cards issued _____ Student/Manikin Ratio _____ Issue Date of cards _____

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

| <i>Name/Email/Instructor Card expiration date/ Station</i> |
|--|
| 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 Instructor

| <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. | | | | | | |
| 27. | | | | | | |
| 28. | | | | | | |
| 29. | | | | | | |
| 30. | | | | | | |
| 31. | | | | | | |
| 32. | | | | | | |
| 33. | | | | | | |

