

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

Course Information

New Course Renewal Course

ACLS Provider

PALS Provider

Training Center MO 02648

TC Name **MO 02648 UMHC Quarterdeck** Address **2401 Lemone Industrial BLVD**

City, State, ZIP **Columbia MO 65212**

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

Course Location/Site _____

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

| DAY 1 | DAY 2 |
|--------------|--------------|
| 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</i> Please PRINT as you wish your name to appear on your card. | <i>Current Email or Home Address</i> | <i>Remediation Date Completed</i> | <i>SKILL TEST- PALS</i> <i>Cardiac/ Resp-Shock</i> | | <i>MULTI RHYTHM SKILL TEST</i> <i>ACLS</i> | <i>Exam Score</i> | <i>Complete (Pass)/ Incomplete</i> |
|--|--------------------------------------|-----------------------------------|---|--|---|-------------------|------------------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
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| 9. | | | | | | | |
| 10. | | | | | | | |

DATE _____

COURSE ACLS/PALS Provider

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Current Email or Home Address</i> | <i>Remediation Date Completed</i> | <i>SKILL TEST- PALS</i> <i>Cardiac/ Resp-Shock</i> | | <i>MULTI RHYTHM SKILL TEST</i> <i>ACLS</i> | <i>Exam Score</i> | <i>Complete (Pass)/ Incomplete</i> |
|--|--------------------------------------|-----------------------------------|---|--|---|-------------------|------------------------------------|
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |
| 17. | | | | | | | |
| 18. | | | | | | | |
| 19. | | | | | | | |
| 20. | | | | | | | |

DATE _____

COURSE ACLS/PALS Provider

| <i>NAME</i> Please PRINT as you wish your name to appear on your card. | <i>Current Email or Home Address</i> | <i>Remediation Date Completed</i> | <i>SKILL TEST- PALS</i> <i>Cardiac/ Resp-Shock</i> | | <i>MULTI RHYTHM SKILL TEST ACLS</i> | <i>Exam Score</i> | <i>Complete (Pass)/ Incomplete</i> |
|--|--------------------------------------|-----------------------------------|---|--|-------------------------------------|-------------------|------------------------------------|
| 21. | | | | | | | |
| 22. | | | | | | | |
| 23. | | | | | | | |
| 24. | | | | | | | |
| 25. | | | | | | | |
| 26. | | | | | | | |
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| 29. | | | | | | | |
| 30. | | | | | | | |