

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

Course Information

- New Course**

- ACLS Instructor**
 This course includes all of the ACLS Instructor Course core components.

- PALS Instructor**
 This course includes all of the PALS Instructor Course core components.

Course Director _____
 Status: Instructor/CD TC Faculty RF

Lead Instructor _____
 Status: Instructor/CD TC Faculty RF

Manikins cleaned by : Instructors _____

Training Center MO 02648
 Site/location of class Name _____

Course Start Date/Time _____ Course End Date/Time _____ Total hours of Instruction _____
 # of Cards issued _____ Student/Manikin Ratio _____ Issue Date of cards _____

<i>Assisting Instructors/Specialty Faculty (Attach copy of Instructor card for instructors aligned with other than primary TC)</i>	
<i>Name/Email/Instructor Card expiration date/ Station</i>	
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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</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Current BLS Expiration Date</i>	<i>Current PALS or ACLS Expiration Date</i>	<i>Core Instructor Course</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
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DATE _____

COURSE ACLS/PALS Instructor

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Current BLS Expiration Date</i>	<i>Current PALS or ACLS Expiration Date</i>	<i>Core Instructor Course</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
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