

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM  
BLS, ACLS & PALS- LIVE CLASSES AND SKILL CHECKS**

**FOR MUHC INSTRUCTORS ONLY**

**COURSE ROSTER FORM**

**Course Information**

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

**Healthcare Provider Course:**

This course includes all of the Healthcare Provider core components.

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

Status:  BLS Instructor                       BLS TCF/RF

Status Renewal Date: \_\_\_\_\_

**Manikins Decontaminated By-** \_\_\_\_\_

Training Center MO 02648

**Decontamination Method-** \_\_\_\_\_

**Site/ Location Name** \_\_\_\_\_

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)**

Name/Email/Instructor Card expiration Date

1.

2.

3.

4.

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 HEALTHCARE PROVIDER**

DATE \_\_\_\_\_

COURSE (PICK ONE) Live Initial / Renewal / Part 2 Online Skill Check page 1

<b>PRINT NAME- MUST BE LEGIBLE</b>	<b>University Employee ID Number-<u>REQUIRED</u></b>	Remediation /Date Completed	Skills Check- off/certificate date	Written Exam Score -live class only	Complete (Pass)/ Incomplete
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**PARTICIPANT SIGN IN SHEET HEALTHCARE PROVIDER**

DATE \_\_\_\_\_

COURSE (PICK ONE) Live Initial / Renewal / Part 2 Online Skill Check page 2

<b><u>PRINT NAME- MUST BE LEGIBLE</u></b>	<b>University Employee ID Number-<u>REQUIRED</u></b>	Remediation /Date Completed	Skills Check- off/certificate date	Written Exam Score -live class only	Complete (Pass)/ Incomplete
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					