

**American Heart Association Emergency Cardiovascular Care Program
Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS)
Course Roster**

Course Information

New Course Renewal Course

ACLS

ACLS Provider ACLS EP Provider

PALS

PALS Provider PEARS

Physician Instructor: _____

Course Director: _____

Status: Instructor/CD TC Faculty Regional Faculty

Lead Instructor _____

Status: Instructor/CD TC Faculty Regional Faculty

Training Center **National EMS Academy, # LA 20741**

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

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

of Cards Issued _____ Student/Instructor Ratio _____ Issue Date of Cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card if not aligned with primary TC)

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
1.				5.			
2.				6.			
3.				7.			
4.				8.			

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

Signature of Course Director

Date

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			