



# American Heart Association Emergency Cardiovascular Care Program

## Participant Roster – ACLS / PALS / PEARS Courses

**Course Information:**

- |                                  |                                  |   |   |
|----------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> New     | <input type="checkbox"/> ACLS    | <input type="checkbox"/> ACLS Instructor            | <input type="checkbox"/> ACLS EP Instructor |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> ACLS EP | <input type="checkbox"/> ACLS / PALS Skills Testing | <input type="checkbox"/> ACLS Challenge     |
|                                  | <input type="checkbox"/> PALS    | <input type="checkbox"/> PALS Instructor            | <input type="checkbox"/> PEARS              |

**Course Director (PALS/ACLS):**

Course Start Date/Time: \_\_\_\_\_ Site: \_\_\_\_\_

Course End Date/Time: \_\_\_\_\_ City: \_\_\_\_\_

# Adult Manikins: \_\_\_\_\_

# Child Manikins: \_\_\_\_\_

# Baby Manikins: \_\_\_\_\_

 Mail cards to: **and/or**  Bill to:

# AEDs: \_\_\_\_\_

Name: \_\_\_\_\_

# Participants: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than Spencer Hospital)**

	Instructor Name	Instr. Card Exp. Date	Module/Stations taught
Lead			
Assisting			
Assisting			
Assisting			

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

Signature of the Lead Instructor \_\_\_\_\_ Date \_\_\_\_\_

