



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 / PALS Skills Testing | <input type="checkbox"/> ACLS EP Instructor |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> ACLS EP | <input type="checkbox"/> ACLS Instructor | <input type="checkbox"/> ACLS / PALS 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: _____

AEDs: _____

Participants: _____

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

Name: _____

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 _____

