



**American Heart Association Emergency Cardiovascular Care Programs  
Advanced Cardiovascular Life Support (ACLS)  
Course Roster**

**Course Information**

- ACLS
  - New Course
  - Update Course
  
- ACLS-EP
  - New Course
  - Update Course

Course Director \_\_\_\_\_

Training Center Interior Region EMS Council, Inc.

Training Center ID# AK03066

Training Site Name (FMH only) \_\_\_\_\_

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards to be Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

Date \_\_\_\_\_ Course \_\_\_\_\_ Course Director \_\_\_\_\_

**Course Participants**

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>		<i>Home Mailing Address</i>	<i>Telephone</i>	<i>Dept.</i> <i>(for FMH purposes)</i>	<i>Complete/Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>	<i>Exam Score</i> <b>84% or higher</b>
1. First Name	Last Name						
Email		City State Zip Code					
2. First Name	Last Name						
Email		City State Zip Code					
3. First Name	Last Name						
Email		City State Zip Code					
4. First Name	Last Name						
Email		City State Zip Code					
5. First Name	Last Name						
Email		City State Zip Code					
6. First Name	Last Name						
Email		City State Zip Code					
7. First Name	Last Name						
Email		City State Zip Code					
8. First Name	Last Name						
Email		City State Zip Code					
9. First Name	Last Name						
Email		City State Zip Code					
10. First Name	Last Name						
Email		City State Zip Code					