

**American Heart Association Emergency Cardiovascular Care Program
 Advanced Cardiovascular Life Support and Pediatric Advanced Life Support
 Course Roster**

Course Information

New Course Renewal Course

Course Director _____

ACLS

ACLS Provider ACLS EP Provider

Training Center IREMSC, 2503 18th Avenue, Fairbanks, AK 99709
907-456-3978

PALS

PALS Provider

Site Name _____

Location _____

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)*

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>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 Lead Instructor

 Date

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

<i>First Name</i> <i>Please PRINT your name as you wish it to appear on your card.</i>	<i>Last Name</i> <i>Please PRINT your name as you wish it to appear on your card.</i>	<i>Complete Mailing Address</i> <i>Please PRINT your address, city, state and zip code</i>	<i>Home Telephone Number</i>	<i>Dept.</i> <i>(for FMH purposes)</i>	<i>Complete/Incomplete</i>	<i>Remediation/Date Completed</i>	<i>Exam Score</i> <i>Must be 84% or higher to pass.</i>
1.							
2.							
3.							
4.							
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10.							