

**American Heart Association Emergency Cardiovascular Care Program
eLearning
Skill Session Roster**

Course Information

ALS Programs:

- ACLS Online
- PALS Online

BLS Programs:

- BLS HCP Online
- BLS Heartcode
- BLS for HCP Anytime

Heartsaver Programs:

- Heartsaver First Aid Online
- Heartsaver First Aid Online With CPR & AED
- Heartsaver CPR & AED Online
- Heartsaver AED Anytime

Lead Instructor _____

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

Site Name _____

Location _____

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 Healthcare Provider

INSTRUCTOR _____

Course Participants **Note –If you are performing multiple skills practice and testing sessions over multiple days, you may use one roster.

<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>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed</i> <i>Y or N</i>	<i>Remediation Date</i> <i>(if applicable)</i>
1.									
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