

**American Heart Association Emergency Cardiovascular Care Program
Pediatric Advanced Life Support (PALS)
Course Roster**

Course Information

- PALS**
 New Course
 Renewal Course

- PEARS**
 New Course
 Renewal Course

Course Director _____

Training Center _____

Training Center ID# _____

Training Site Name (FMH only) _____

Course Location _____

Address _____

City, State ZIP _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

of Cards Issued _____ Student/Instructor Ratio _____ Issue Date of Cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card if not aligned with primary TC)

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
1.				5.			
2.				6.			
3.				7.			
4.				8.			

I verify that this information is accurate and truthful, and that it may be confirmed. This session was conducted 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> 84% or higher
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					