

**American Heart Association Emergency Cardiovascular Care Program
 ACLS and PALS Program Instructor Courses
 Course Roster Form**

Course Information

New Course Renewal Course

ACLS Instructor ACLS EP Instructor

This course includes all of the ACLS Instructor Course core components.

PALS Instructor

This course includes all of the PALS Instructor Course core components.

Physician Instructor:

Instructor _____

Status: TC Faculty Regional Faculty

Status Renewal Date: _____

Training Center _____

Site Name _____

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)							
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 course was taught in accordance with AHA guidelines.

 Signature of Lead Instructor

 Date

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Exam Score</i>	<i>Expected Monitoring Date</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					