

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

New Course **Renewal Course**

Course Director: _____
 Status: Instructor/CD TC Faculty Regional Faculty

ACLS
 ACLS Provider **ACLS EP Provider**

Lead Director: _____
 Status: Instructor/CD TC Faculty Regional Faculty

PALS
 PALS Provider

Training Center: **CPR Consultants**
 7404 Chapel Hill Road, Suite G, Raleigh, NC 27607

Physician Instructor: _____

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)							
<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Module / Station</i>	<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Module / Station</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 Participants

COURSE: ACLS ___ ACLS EP ___ PALS ___

COURSE DIR.: _____

<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>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					