American Heart Association Emergency Cardiovascular Care Programs
Advanced Cardiovascular Life Support (ACLS)
Course Roster

Course Information

☐ **New Course**
☐ **Update Course**
☐ **Instructor**
☐ **Provider**

Lead Instructor _____

Status Renewal Date _____
Training Center_____
Training Center ID# _____
Training Site Name (if applicable) _____
Course Location _____
Address _____
City, State ZIP _____

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

No. of Cards Issued _____   Student-Manikin Ratio _____   Date Issued Cards _____

Assisting Instructors *(Attach copy of instructor card for instructors aligned with a TC other than the primary TC)*			
Name and Instructor ID#	*Card Exp. Date*	*Name and Instructor ID#*	*Card Exp. Date*
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** _____   **Lead Instructor** _____

Course Participants

Name and Email **Please PRINT as you wish your name to appear on your card. Please print email address legibly.**	*Address/Telephone*	*Cost Center No.*	*Score*	*Complete/ Incomplete*	*Remediation/Date Completed (if applicable)*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					