

American Heart Association Emergency Cardiovascular Care Program Course Roster

Course Information

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |
| <input type="checkbox"/> ACLS-EP | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |
| <input type="checkbox"/> BLS - HCP | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |
| <input type="checkbox"/> PALS | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |
| <input type="checkbox"/> PEARS | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |

- | | | |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> New Course | <input type="checkbox"/> Renewal Course |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> ACLS - EP | <input type="checkbox"/> BLS - HS |
| <input type="checkbox"/> PALS | | |
| <input type="checkbox"/> Core Instructor Class | | |
| <input type="checkbox"/> Heartsaver CPR AED | | |
| <input type="checkbox"/> Child CPR AED | <input type="checkbox"/> Infant CPR | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> Heartsaver First Aid CPR AED | | |
| <input type="checkbox"/> Child CPR AED | <input type="checkbox"/> Infant CPR | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> Heartsaver First Aid | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Written Test | | |

Course Director: _____

Status: ☐ Instructor/CD ☐ TC Faculty ☐ Regional Faculty

Lead Instructor _____

Status: ☐ Instructor/CD ☐ TC Faculty ☐ Regional Faculty

Training Center HEDS / MPHC SD05537

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Physician Instructor: _____

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</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.					