Advanced Cardiovascular Life Support Course Roster Emergency Cardiovascular Care Programs



Course Information						
Course information		Landlantonatas				
☐ ACLS Course						
☐ ACLS Update Course						
☐ HeartCode® ACLS						
	Training Center ID#					
☐ ACLS EP	Training Site Name (if applicable)					
☐ ACLS Instructor	Address					
☐ ACLS EP Instructor	City, State ZIP					
Course Location						
Course Start Date/Time	Course End Date/Time		Total Hours of Instruction	on		
No. of Cards Issued	Student-Manikin Ratio		Issue Date of Cards			
Assisting Instructor (Attach cop	y of instructor align	ed with a TC other t	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				

Course Participants



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Date	Course	Lead Instructor	Lead Instr. ID#	Lead Instr. ID#	
Please PRINT as you	Name and Email wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Remediation/Date Completed (if applicable)	