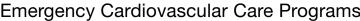
## Advanced Cardiovascular Life Support Course Roster Emergency Cardiovascular Care Programs





<b>Course Information</b>							
☐ ACLS Course	_	Lead Instructor					
☐ ACLS Update Course		Lead Instructor ID# _					
☐ ACLS Traditional Course		Card Expiration Date					
☐ ACLS Traditional Update Course		Training Center					
☐ HeartCode® ACLS		Training Center ID#  Training Site Name (if applicable)  Address  City, State ZIP					
☐ ACLS EP Course							
☐ ACLS Instructor Course							
☐ ACLS EP Instructor Course							
		Course Location					
Course Start Date/Time	Course End Date/Time		Total Hours of Instruction				
No. of Cards Issued	Student-Manikin Ratio		Issue Date of Cards				
Assisting Instructors							
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**



Date .	Course	Lead Instructor	Lea	Lead Instr. ID#		
	Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	PSA	Complete/ Incomplete	Remediation/ Date Completed (if applicable)	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						