

Advanced Cardiovascular Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ ACLS Course
- ☐ ACLS Update Course
- ☐ ACLS Traditional Course
- ☐ ACLS Traditional Update Course
- ☐ HeartCode® ACLS
- ☐ ACLS EP Course
- ☐ ACLS Instructor Course
- ☐ ACLS EP Instructor Course

Lead Instructor _____
Lead Instructor ID# _____
Card Expiration Date _____
Training Center _____
Training Center ID# _____
Training Site Name (if applicable) _____
Address _____
City, State ZIP _____
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 _____ Lead Instr. ID# _____

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