Pediatric Advanced Life Support Course Roster
Emergency Cardiovascular Care Programs

American Heart Association®

Course Information

☐ PALS Course
☐ PALS Update Course
☐ PALS Traditional Course
☐ HeartCode® PALS
☐ PALS 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# _____

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.				