

# 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 (For Instructors aligned with another primary TC, provide copy of Instructor card)

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.

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Signature of Lead Instructor

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Date

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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