

# Pediatric Advanced Life Support Course Roster

Emergency Cardiovascular Care Programs



## Course Information

- PALS Course
- PALS Update Course
- PALS Traditional Course
- PALS Plus™
- 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 *(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.

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

# Course Participants



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

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