

**American Heart Association Emergency Cardiovascular Care Program  
 ACLS and PALS Program Instructor Course  
 Course Roster**

**Course Information**

New Course                       Renewal Course

**ACLS**

ACLS Instructor                       ACLS EP Instructor  
 This course includes all of the ACLS Instructor Course core components.

**PALS**

PALS Instructor  
 This course includes all of the PALS Instructor Course core components.

**Course Director** \_\_\_\_\_

Training Center IREMSC, 2503 18<sup>th</sup> Avenue, Fairbanks, AK 99709  
907-456-3978

Site Name \_\_\_\_\_

Location \_\_\_\_\_

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Manikin Ratio _____	Issue Date of cards _____

<b>Assisting Instructors / Specialty Faculty</b> <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i>					
Name	Instr. card	Exp. Date	Name	Instr. 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 Course Director

\_\_\_\_\_  
 Date

DATE \_\_\_\_\_ COURSE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

**Course Participants**

<i><b>First Name</b></i> <i>Please PRINT your name as you wish it to appear on your card.</i>	<i><b>Last Name</b></i> <i>Please PRINT your name as you wish it to appear on your card.</i>	<i><b>Complete Mailing Address</b></i> <i>Please PRINT your address, city, state and zip code</i>	<i><b>Home Telephone Number</b></i>	<i><b>Dept.</b></i> <i>(for FMH purposes)</i>	<i><b>Complete/Incomplete</b></i>	<i><b>Exam Score</b></i> <i>Must be 84% or higher to pass.</i>	<i><b>Expected Monitoring Date</b></i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							