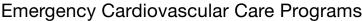
Advanced Cardiovascular Life Support Course Roster Emergency Cardiovascular Care Programs





Course Information							
☐ ACLS Course	_	Lead Instructor					
☐ ACLS Update Course		Lead Instructor ID#					
☐ ACLS Traditional Course							
☐ ACLS Traditional Update Course							
☐ HeartCode® ACLS							
☐ ACLS EP Course							
☐ ACLS Instructor Course							
☐ ACLS EP Instructor Course							
		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	t 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 Score	Complete/ Incomplete	Remediation/ Date Completed (if applicable)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					