



ACLS eLearning Skills Session Roster

Authorized Provider
of CPR and ECC Courses



American Heart Association Emergency Cardiovascular Care Programs Advanced Cardiovascular Life Support (ACLS) eLearning Skills Session Roster

Course Information

HeartCode® ACLS

Instructor _____

Status Renewal Date _____

Training Center: **National EMS Academy**

Training Center ID# **LA 20741**

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		3.	
2.		4.	

I verify that this information is accurate and truthful and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

Signature of Instructor

Date

- Provider Cards are to be paid via credit/debit card.
Call this number upon receipt of roster: _____
 - Provider Cards are to be invoiced to: _____
 - Provider Cards are to be mailed to address below. Enclosed is payment of \$ _____.
- Mailing address: _____

Office use only

Payment Received _____

Date received _____

Date Mailed _____

Instructor _____

Course Participants (Note: If you are performing multiple skills practice and testing sessions over multiple days, you may use 1 roster.)

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on</i> <i>your card. Please print email address legibly.</i>	<i>Address</i>	<i>Telephone</i>	<i>Session</i> <i>Date</i>	<i>Session</i> <i>Start</i> <i>Time</i>	<i>Session</i> <i>End</i> <i>Time</i>	<i>Successfully</i> <i>Completed</i> <i>Y or N</i>	<i>Remediation</i> <i>Date</i> <i>(if applicable)</i>
1.							
2.							
3.							
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10.							