



# PALS eLearning Skills Session Roster

Authorized Provider  
of CPR and ECC Courses



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

### Course Information

HeartCode® PALS

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
<input type="checkbox"/> Payment Received _____
<input type="checkbox"/> Date received _____
<input type="checkbox"/> 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 your card. Please print email address legibly.</i>	<i>Address</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed</i> <i>Y or N</i>	<i>Remediation Date</i> <i>(if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							