

**American Heart Association Emergency Cardiovascular Care Programs
Advanced Cardiovascular Life Support (ACLS)
Course Roster**

Course Information

- New Course
- Update Course

- ACLS
- ACLS-EP

Lead Instructor _____
 Phone Number _____ Email _____

 Status Renewal Date _____
 Training Center: **National EMS Academy**
 Training Center ID# **LA 20741**
 Training Site Name (if applicable) _____
 Course Location _____
 Address _____
 City, State ZIP _____

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 (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 course was taught in accordance with AHA guidelines.

Signature of Lead 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 _____

Date _____ Course _____ Lead Instructor _____

Course Participants

<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/Telephone</i>	<i>Complete/ Incomplete/ Test Score</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			