

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

Course Information

ACLS Course (Instructor Led)

Initial Renewal

HeartCode® ACLS

Include in attachments:

- Sign in Sheet
- Skills Sheets
- Pre Course Assessment
- Online Certificate (HeartCode Only)
- Exam Answer Sheets

Lead Instructor _____

Phone Number _____ Email _____

Training Center: **National EMS Academy**

Training Center ID# **LA 20741**

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	Instructor Signature
1.		
2.		
3.		
4.		
5.		

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

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.			