



ACLS and PALS



American Heart Association Emergency Cardiovascular Care Program Course Roster

Note: Please fill out roster completely to avoid any delay in processing the information.

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> ACLS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS EP Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS EP Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |

Instructors Name: _____

Instructors Address: _____

Phone Number: _____

Cards will only be mailed to Instructor.

Lead Instructor: _____

Training Center Name: Gwinnett Technical College CTC
 5150 Sugarloaf Pkwy
 Lawrenceville, GA 30043
 678-226-6254

Manikins Decontaminated by: _____

Training Site: _____

Course Start Date/Time: _____

Course End Date/Time: _____

Total Hours of Instruction: _____

Assisting Instructors/Specialty Faculty			
1.		4.	
2.		5.	
3.		6.	

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 Course Director/Lead Instructor: _____ **Date** ___/___/_____

Date Rec. _____ **Amount Rec.** _____

Payment Type: Cash _____ **Check #** _____

Credit Card ___ Visa ___ MasterCard ___ Amex ___ Discover

Credit Card #: _____ Expiration ___/_____

Name on Card: _____ Signature: _____



ACLS and PALS



PLEASE PRINT CLEARLY

****Note: Please print legibly to avoid any delay in processing the information.****

Date _____ **Course** _____ **Instructor** _____

Course Participants:

Please PRINT your name as you wish it to appear on your card	Address	Phone	First-Time Student**	Examination Score	Remediation Provided/ Date Completed	Course Completed	Date Card Issued
1.			Y N			Y N	
2.			Y N			Y N	
3.			Y N			Y N	
4.			Y N			Y N	
5.			Y N			Y N	
6.			Y N			Y N	
7.			Y N			Y N	
8.			Y N			Y N	
9.			Y N			Y N	
10.			Y N			Y N	

** Student taking this AHA course for the first time

Check Which Applies: ___ ROSTER TO BE FILED ___ ROSTER TO BE PRINTED