Pediatric Advanced Life Support Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

Course Information

- ☐ PALS Course
- ☐ PALS Update Course
- ☐ PALS Traditional Course
- ☐ PALS Plus™
- ☐ HeartCode® PALS
- ☐ PALS Instructor Course

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

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 *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

Name and Instructor ID#	*Card Exp. Date*	*Name and Instructor ID#*	*Card Exp. Date*
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

Course Participants

American Heart Association.

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID#_____

Name and Email *Please PRINT as you wish your name to appear on your card.* *Please print email address legibly.*	*Mailing Address/Telephone*	*PSA*	*Complete/ Incomplete*	*Remediation/Date Completed (if applicable)*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

