

**American Heart Association Emergency Cardiovascular Care Program
Course Roster Form**

Course Information

ACLS	<input type="checkbox"/> ACLS Provider	<input type="checkbox"/> ACLS EP Provider	<input type="checkbox"/> ACLS Recert.
PALS	<input type="checkbox"/> PALS Provider	<input type="checkbox"/> PALS Recert.	
BLS HP	<input type="checkbox"/> HP Provider	<input type="checkbox"/> HP Recert.	
Heart Saver	<input type="checkbox"/> HS First Aid	<input type="checkbox"/> HS Adult CPR / AED	<input type="checkbox"/> HS Child CPR / AED
	<input type="checkbox"/> HS Infant CPR	<input type="checkbox"/> Environmental	<input type="checkbox"/> HS BBP
MISC.	<input type="checkbox"/> ECG & Pharm.	<input type="checkbox"/> Airway Management	<input type="checkbox"/> _____
	<input type="checkbox"/> P.E.A.R.S	<input type="checkbox"/> S.T.E.M.I.	<input type="checkbox"/> _____

Course Director _____
 Status: Instructor/CD TC Faculty Regional Faculty
Lead Instructor _____
 Status: Instructor/CD TC Faculty Regional Faculty
Physician Instructor: _____
Training Center- **Butler County Community College**
Training Site- _____
Course Location _____
Address _____
City, State & ZIP _____

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Instructor Ratio _____	Student/Manikin Ratio _____
		Issue Date of cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
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 Course Director _____ Date _____

DATE _____

Course _____

Course Director _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					