



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

Course Information

- New Course
- Update Course
- Instructor
- Provider

Lead Instructor _____

Status Renewal Date _____

Training Center _____

Training Center ID# _____

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. | | 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

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</i> | <i>Remediation/Date Completed (if applicable)</i> |
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