



**American Heart Association Emergency Cardiovascular Care Programs
Advanced Cardiovascular Life Support (ACLS)
eLearning Skills Session Roster**

Course Information

HeartCode® ACLS

Instructor _____

Status Renewal Date June 2017

Training Center Response Institute CPR Consultants, Inc.

Training Center ID# NC 20514

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

CERTIFICATE OF COMPLETION MUST BE ATTACHED

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

Signature of Instructor

Date

Session Roster for _____

Instructor _____

Course Participants (Note: If you are performing multiple skills practice and testing sessions over multiple days, you may use 1 roster.)

<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</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed Y or N</i>	<i>Remediation Date (if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							