

**American Heart Association Emergency Cardiovascular Care Program  
 Pediatric Advanced Life Support (PALS)  
 eLearning Skills Session Roster**

**Course Information**

**PALS Programs:**

HeartCode PALS

**Instructor:** \_\_\_\_\_

Status: PALS Instructor  PALS TCF/RF/NF

Status Renewal Date: June 2017

Training Center Response Institute CPR Consultants, Inc.

Training Center ID # NC20514

Training Site Name (if applicable) \_\_\_\_\_

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

**CERTIFICATE OF COMPLETION MUST BE ATTACHED**

***Assisting Instructors (Attach copy of instructor card if not aligned with primary TC)***

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>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 one 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.							
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9.							
10.							