

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

-
- Initial Course**
-
-
- Renewal Course**

Lead Instructor _____

 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 _____

Course Start Date/Time _____ <small>(Actual Start Time)</small>	Course End Date/Time _____ <small>(Actual End Time)</small>	Total Hours of Instruction _____ <small>(Actual Teaching Hours)</small>
*No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

* No. of cards = number of students in class

Assisting Instructors <small>(Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</small>			
<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 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/ Score</i>	<i>Remediation/ If applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			