

**American Heart Association Emergency Cardiovascular Care Program
 BLS, ACLS & PALS eLearning
 Skills Session Roster**

Course Information

BLS Programs:

- BLS HCP Online
- BLS Heartcode
- BLS for HCP Anytime

Heartsaver Programs:

- Heartsaver First Aid Online
- Heartsaver First Aid Online w/ CPR & AED
- Heartsaver CPR & AED Online
- Heartsaver AED Anytime

ACLS/PALS Programs:

- ACLS Heartcode
- PALS Heartcode

Lead Instructor _____

Status: BLS Instructor ACLS Instructor PALS Instructor

Instructor Renewal Date: _____

Course Location: _____

Course Address: _____

Site Number (if applicable): _____

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

Assisting Instructors / Specialty Faculty <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i>					
Name	Instr. card	Exp. Date	Name	Instr. card	Exp. Date
1.			3.		
2.			4.		

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

- Provider Cards picked up from Tulane Sim Center CTC.
- Provider Cards issued from Training Site stock.
- Provider Cards to be mailed to address below. Enclosed is payment of \$ _____.

Mailing address: _____

OFFICE USE ONLY

<input type="checkbox"/>	Payment Received
<input type="checkbox"/>	Order Fulfilled
<input type="checkbox"/>	Entered into Enrollware

DATE _____ COURSE _____ LEAD INSTRUCTOR _____

**** YOU MUST INCLUDE COPIES OF EACH STUDENTS' PART 1 COMPLETION CERTIFICATE WITH THIS ROSTER ****

Course Participants

<i>NAME & EMAIL ADDRESS</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>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				