



American Heart Association Emergency Cardiovascular Care Program

Roster Form - ACLS

Course Information:

ACLS Provider Course, ACLS Renewal, HeartCode ACLS Skills Testing

Please submit agenda to TC Coordinator prior to course if it varies from the approved agenda in the Instructor Manual.

Course Start Date/Time, Site, # Adult Manikins, Course End Date/Time, City, # Airway Heads, Total Hours of Instruction, Student/Manikin Ratio, # Participants, Manikin/Instructor Ratio, # Passed

Course Director:

Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than UnityPoint Health CTC)

Table with 4 columns: Instructor Name, Instr. Card Exp. Date, Module/Stations taught, and a blank column. Rows include Lead and multiple Assisting instructors.

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

Signature of the Lead Instructor

Date