



American Heart Association Emergency Cardiovascular Care Program

Roster Form - Instructor Course

<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> ACLS Instructor <input type="checkbox"/> BLS Instructor <input type="checkbox"/> Heartsaver Instructor <input type="checkbox"/> PALS Instructor <input type="checkbox"/> PEARS Instructor Please submit agenda to TC Coordinator prior to course if it varies from the approved agenda in the TC Faculty Manual.
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Course Start Date/Time: _____ Site: _____ # Adult Manikins: _____
 Course End Date/Time: _____ City: _____ # Child Manikins: _____
 Total Hours of Instruction: _____ Student/Manikin Ratio: _____ #Baby Manikins: _____
 # Airway Heads: _____
 # Participants: _____
 # Passed: _____

Instructor Information: (Attach copy of RF card for Regional Faculty aligned with TCs other than UnityPoint Health TC)			
	TC Faculty/Regional Faculty Name	Instr. Card Exp. Date	Module/Stations taught
Lead			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			

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 TC Faculty

_____ Date