



Training Center (TC)
Roster Form – ADVANCE LIFE SUPPORT/INSTRUCTOR

To ICC: _____

Date Cards Sent: _____

PLEASE PRINT CLEARLY. FORM MUST BE FULLY COMPLETED

<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Monitor Updated 2017	(please check all that apply) <input type="checkbox"/> BLS Instructor \$ 10.00 <input type="checkbox"/> Heartsaver Instructor \$ 10.00	(please check all that apply) <input type="checkbox"/> ACLS Instructor \$ 10.00 <input type="checkbox"/> PALS Instructor \$ 10.00	(please check all that apply) <input type="checkbox"/> ACLS Provider \$ 10.00 <input type="checkbox"/> ACLS EP Course \$ 10.00	(please check all that apply) <input type="checkbox"/> PALS Provider \$ 10.00 <input type="checkbox"/> PEARS Provider \$10.00

Course Start Date: _____ Course End Date: _____ Start Time: _____ End Time: _____

Course Location: _____ City where class held: _____ Total Hours of Instruction: _____

Send Cards to: _____ Mailing Address: _____ City/State/Zip: _____

Contact Person: _____ Day Phone Number: _____ Evening Phone Number: _____

Instructor Information:		PLEASE PRINT CLEARLY	
	Instructor Name	Inst. Card Exp. Date	Module/Stations Taught
Lead			
Assisting			
Assisting			
Assisting			

I VERIFY THAT THIS INFORMATION IS ACCURATE AND TRUTHFUL AND THAT IT MAY BY CONFIRM.
 THIS COURSE WAS TAUGHT IN ACCORDANCE WITH AHA GUIDELINES AND FOLLOWED THE TC POLICES AND PROCEDURES.

Signature of Course Director/Lead Instructor: _____ Date: _____

Equipment appropriately cleaned/or decontaminated ____ Yes ____ No Instructor/Student/Adult Manikin Ratio: ____/____/____

Baby Manikin Ratio: ____/____/____

MAKE CHECKS PAYABLE TO HEALTH EDUCATION CENTER 802 KENYON ROAD, FORT DODGE, IA 50501 515-574-6977

	First Name	Middle Initial	Last Name	Social Security number or Birth Date mm/dd/yyyy	Professional License number	Address City, State, Zip Code	Telephone with area code	Complete (C) Incomplete (I)	Test Score	Skill PorF
1						-----				
2						-----				
3						-----				
4						-----				
5						-----				
6						-----				
7						-----				
8						-----				
9						-----				
10						-----				

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an education course dose not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association