

American Heart Association Emergency Cardiovascular Care Programs

Pediatric Advanced Life Support (PALS)

Course Roster

Course Information

- Certification
- Recertification
- Instructor
- Provider

- HeartCode

Lead Instructor _____

Lead Instructor ID# _____

Lead Instructor Exp. Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Assisting Instructors (Attach a copy of instructor card for instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1		6	
2		7	
3		8	
4		9	
5		10	

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

The signature of the lead instructor indicates the required decontamination of the equipment occurred post-course, according to AHA guidelines. 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

BJC TRAINING CENTER - - - COURSE ROSTER

Date

Course

Lead Instructor

No.	Name	Department	Pre-Test >85%	BLS Testing	Respiratory / Shock	Cardiac	Written Test	Remediation	Complete / Incomplete	HeartCode Certificate
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

BJC TRAINING CENTER - - - COURSE ROSTER

Date

Course

Lead Instructor

No.	Name	Department	Pre-Test >85%	BLS Testing	Respiratory / Shock	Cardiac	Written Test	Remediation	Complete / Incomplete	HeartCode Certificate
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

BJC TRAINING CENTER - - - COURSE ROSTER

Date

Course

Lead Instructor

No.	Name	Department	Pre-Test >85%	BLS Testing	Respiratory / Shock	Cardiac	Written Test	Remediation	Complete / Incomplete	HeartCode Certificate
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										