Pediatric Advanced Life Support Course Roster
Emergency Cardiovascular Care Programs

American Heart Association®

life is why™

Course Information

PALS Course

PALS Update Course

HeartCode® PALS

PALS Instructor

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

Course Start Date/Time _____   Course End Date/Time _____   Total Hours of Instruction _____

No. of Cards Issued _____   Student-Manikin Ratio _____   Issue Date of Cards _____

Assisting Instructor   *(Attach copy of instructor aligned with a TC other than the primary TC)*

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

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

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Course Participants

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Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

Name and Email *Please PRINT as you wish your name to appear on your card. Please print email address legibly.*	Mailing Address/Telephone	Complete/ Incomplete	Remediation/Date Completed (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			