



## BLS, ACLS, PEARLS, or PALS Course Roster

### Course Information

- BLS Provider
- BLS eLearning Skills Assessment
  
- ACLS Provider
- ACLS Update
- ACLS eLearning Skills Assessment
  
- ACLS Provider/BLS Combo class
- ACLS Update/BLS Combo class
  
- PEARLS
- PEARLS eLearning Skills Assessment
  
- PALS Provider
- PALS Update
- PALS eLearning Skills Assessment

Lead Instructor for BLS \_\_\_\_\_

Course Director for ACLS, PALS, or PEARLS \_\_\_\_\_

Instructor Number \_\_\_\_\_

Training Center: \_\_\_\_\_

Sponsoring Base: \_\_\_\_\_

Course Location \_\_\_\_\_

City and State: \_\_\_\_\_

Course Directors are required at Instructor led ACLS, PEARLS, and PALS courses.

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
Student-Manikin Ratio _____		Manikins sanitized by _____

Assisting Instructors (Attach 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.	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

Date:

**BLS, ACLS, PEARS, PALS Roster**

Instructor:

**Course Participants**

Name and EMS Title (if applicable)	Email Address	Complete/ Incomplete	Remediation/ Date Completed	Exam Score
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				