



BLS, ACLS, PEARS, 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

- ☐ PEARS
- ☐ PEARS eLearning Skills Assessment

- ☐ PALS Provider
- ☐ PALS Update
- ☐ PALS eLearning Skills Assessment

Lead Instructor for BLS _____
Course Director for ACLS, PALS, or PEARS _____
Instructor Number _____

Training Center: _____
Sponsoring Base: _____
Course Location _____
City and State: _____

Course Directors are required at Instructor led ACLS, PEARS,
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.				