UAB SCHOOL OF NURSING

American Heart Association
Learn and Live

American Heart Association Emergency Cardiovascular Care Programs
Course Roster

Course Information

- ❑ **New Course**
- ❑ **Renewal Course**
- ❑ **HeartCode ACLS**
- ❑ **HeartCode BLS**
- ❑ **HeartCode PALS**
- ❑ **ACLS Provider**
- ❑ **BLS Provider**
- ❑ **PEARS Provider**
- ❑ **Heartsaver CPR AED**
- ❑ **Heartsaver First Aid**
- ❑ **Heartsaver First Aid CPR AED**
- ❑ **Heartsaver Instructor**
- ❑ **ACLS Instructor**
- ❑ **BLS Instructor**
- ❑ **PALS Instructor**
- ❑ **PEARS Instructor**

Lead Instructor _____

Training Center University of Alabama at Birmingham

Training Center ID# AL05483

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State, Zip _____

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

Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

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 _____ **Course** _____ **Lead Instructor** _____

Name *Please PRINT your name legibly for your CPR card.*	*Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*	*Course Test Score*
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Date _____ **Course** _____ **Lead Instructor** _____

Name *Please PRINT your name legibly for your CPR card.*	*Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*	*Course Test Score*
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Date _____ **Course** _____ **Lead Instructor** _____

Name *Please PRINT your name legibly for your CPR card.*	*Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*	*Course Test Score*
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Date _____ **Course** _____ **Lead Instructor** _____

Name *Please PRINT your name legibly for your CPR card.*	*Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*	*Course Test Score*
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Date _____ **Course** _____ **Lead Instructor** _____

Name *Please PRINT your name legibly for your CPR card.*	*Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*	*Course Test Score*
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Date _____ **Course** _____ **Lead Instructor** _____

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