UnityPoint Health Des Moines		Roster Form - ACLS									
						Course I	Information:	ACLS Provider Course			
						Please submit agenda to TC Coordinator prior to course if it varies from the approved agenda in the Instructor Manual.					
Course Sta	art Date/Time:		Site:		# Adult Manikins:						
Course End Date/Time:			City		# Airway Heads: # Participants:						
Course End Date/ Fillio.					# Passed:						
Total Hours of Instruction:			Student/Manikin Ratio	D:	Manikin/Instructor Ratio:						
Course Director:											
Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than UnityPoint Health CTC)											
	Instructor Name		Instr. Card Exp. Date	Module/St	Module/Stations taught						
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I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.											
Signature of the Lead Instructor					 Date						