PALS/PEARS Cover Sheet

American Heart Association Emergency Cardiovascular Care Program



Course Information						
□ PAL	S Prov	ider		□ PALS HeartCode (include certificates)		
□ PALS Renewal				□ PEARS Provider		
Organizatio	ın.					
Organization		Day 1	Day 2			Instructor Names
Course Date				Lead		
Start Time						
Start Time				Assisting		
End Time				Assisting		
Total Hours				Assisting		
# Child Manikins				Assisting		
# Baby Manikins				Assisting		
# Airway						
Heads # Students						
Attended # Students						
Passed				Assisting		
Card Fee						
Quantity*			Description PALS/PEARS Provider e		Price Each	Total Price*
Method of Payment						
□ Credit	Credit Card on File			Name on card and zip code		
□ Call ir	Call in Credit Card 515-241-6811			Name of individual calling		
	Check made payable to UnityPoint Health-CTC			Note anticipated date		
	Company Transfer			Account Number		
	UPHDM Employee					
* Values automatically calculate						
Additional Comments:						
I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines.						
		contaminated appropr		this course.	Date:	