



American Heart Association Emergency Cardiovascular Care Program

Roster Form - PALS/PEARS

Course Information:

Course information fields with checkboxes for PALS Provider, PALS Renewal, PALS Heartcode, and PEARS Provider. Includes instruction to submit agenda to TC Coordinator.

Course Start Date/Time, Course End Date/Time, Total Hours of Instruction, Site, City, Student/Manikin Ratio, # Child Manikins, # Baby Manikins, # Airway Heads, # Participants, # Passed, Manikin/Instructor Ratio.

Course Director: _____

Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than UnityPoint Health CTC)

Table with 4 columns: Role, Instructor Name, Instr. Card Exp. Date, Module/Stations taught. Rows include Lead and multiple Assisting roles.

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