

**American Heart Association Emergency Cardiovascular Care Program  
Pediatric Advanced Life Support (PALS)  
Course Roster**

**Course Information**

- PALS Course (instructor-led)  
 Initial     Renewal  
 HeartCode® PALS

**Include in attachments:**

- Sign in Sheet  
 Skills Sheets  
 Pre Course Assessment  
 Online Certificate (HeartCode Only)  
 Exam Answer Sheets

Lead Instructor \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Training Center: **National EMS Academy**  
 Training Center ID# **LA 20741**

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_

No. of Students \_\_\_\_\_ No. of Passed Students \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_

*Assisting Instructors (Attach copy of instructor card if not aligned with primary TC)*

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Instructor Signature</i>
1.		
2.		
3.		
4.		
5.		

I verify that this information is accurate and truthful, and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

**Course Participants**

<i>NAME</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly	<i>Address/ Telephone</i>	<i>Complete/ Incomplete/ Test Score</i>	<i>Remediation/ Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			