



Southern Region EMS Council
6130 Tuttle Place
Anchorage, AK 99507

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www.sremsc.org



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

INSTRUCTOR: Ensure each section of this roster is completed legibly and submit original to SREMSC within (5) days of course completion.

Course Information

ACLS Provider ACLS Renewal Course
PALS Provider PALS Renewal Course
PEARS

Course Director/TCF _____

Assisting Instructor _____

Lead Instructor _____

Renewal Date _____

Renewal Date _____

Training Center _____

Course Location _____

***List assisting instructors for courses with more than 6 students
*Attach copy of instructor card for instructors not aligned with SREMSC**

Instructor Phone Number _____

Assisting Instructor Phone Number _____

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Students Passed _____	Student-Manikin Ratio _____	Issue Date of Cards _____

Manikins Decontaminated by _____

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

SREMSC Use Only: Class Number _____ Roster Received on Date _____ Issue Date of Cards _____

Date _____ Course _____ Lead Instructor _____

Course Participants

Print Name CLEARLY A fee will be charged for re-prints of cards!	Address/Phone Number	<i>Instructor use only Score Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>	<i>Exam Score</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				