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2020 PALS Course Roster

**American Heart Association Emergency Cardiovascular Care Programs**

**Pediatric Advanced Cardiovascular Life Support (PALS)**

**WE R CPR 5959 Shallowford Rd Suite 227 Chattanooga, TN 37421**

**PH: 423-553-0400 Fax: 423-648-0530** [**info@wercpr.com**](mailto:info@wercpr.com) **Course Roster Training Center ID# TN20588**

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| **Course Information** |  |

**PALS New Course**  **Lead Instructor \_**\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PALS Update Course** Lead Instructor’s Status Renewal Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PALS Heartcode® Skills Session**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Manikins Decontaminated by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No. of Cards Issued \_\_\_\_\_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_\_\_\_\_\_ Issue Date of Cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)* | |
| *Name and Instructor ID# Card Exp. Date* | *Name and Instructor ID# Card Exp. Date* |
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

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

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Signature of Lead Instructor Date

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**IN OFFICE USE ONLY**

Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollware\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued\_\_\_\_\_\_\_\_\_\_\_\_\_Codes Emailed\_\_\_\_\_\_\_\_\_\_\_\_

Eval\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CEU’s Submitted Initial\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_*

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lead Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lead Instr. ID#\_\_\_\_\_\_\_\_\_\_­**

**Course Participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name and Email*  ***Please PRINT as you wish your name to appear on your card. Please print email address legibly.*** | *Address/Telephone* | *Pre-test Score*  *\*****must be a 70% or higher*** | *Written Exam Score*  */ Remediated Score* | *Remediation/Date Completed*  *(if applicable)* |
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| 10. |  |  |  |  |
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