NW Medical Training Group

American Heart Association®
Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program

Course Roster

☐ HS CPR AED	☐ Initial	☐ Renewal
☐ HS CPR AED FA	☐ Initial	☐ Renewal
☐ HS FA	☐ Initial	☐ Renewal
☐ HS CPR for Family & Friends		
☐ HS CPR in Schools		
☐ BLS - HCP	☐ Initial	☐ Renewal
☐ BLS - PHP	☐ Initial	☐ Renewal
☐ BLS Instructor	☐ Initial	☐ Renewal
☐ ACLS Provider	☐ Initial	☐ Renewal
☐ ACLS Instructor	☐ Initial	☐ Renewal
☐ ACLS EP Provider	☐ Initial	☐ Renewal
☐ PALS Provider	☐ Initial	☐ Renewal
☐ PALS Instructor	☐ Initial	☐ Renewal
☐ PEARS	☐ Initial	☐ Renewal

Training Center Name: NW Medical Training Group dba: ACLS Consultants

Training Site Name _____

Course Location _____

Course Director _____

Lead Instructor _____ AHA Inst # _____

☐ Current AHA ACLS / ACLS-EP / PALS Physician Instructor Available

Physician Name_____

Manikins Decontaminated by _____

Course Start Date/Time _____ End Date/Time _____Total Hours of Instruction _____

Student-to-Manikin Ratio_____Number of Cards Issued _____

Assisting Instructors/Specialty Faculty				**Please designate Training Center each Instructor is aligned with-thank you**			
Name	*Inst. Card*	*Exp. Date*	*Module/Station*	*Name*	*Inst. Card*	*Exp. Date*	*Module/Station*
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.

_____ _____

Signature of Lead Instructor Date

Name (first, middle initial, last) **Please PRINT your name as you wish it to appear on your card.**	Address	Phone	Written Exam Score	Remediation Provided/Date Completed	Course Completed	Date Card Issued
1.					Y N	
2.					Y N	
3.					Y N	
4.					Y N	
5.					Y N	
6.					Y N	
7.					Y N	
8.					Y N	
9.					Y N	
10.					Y N	
11.					Y N	
12.					Y N	

Name (first, middle initial, last) **Please PRINT your name as you wish it to appear on your card.**	Address	Phone	Written Exam Score	Remediation Provided/Date Completed	Course Completed	Date Card Issued
13.					Y N	
14.					Y N	
15.					Y N	
16.					Y N	
17.					Y N	
18.					Y N	
19.					Y N	
20.					Y N	
21.					Y N	
22.					Y N	
23.					Y N	
24.					Y N	

Name (first, middle initial, last) **Please PRINT your name as you wish it to appear on your card.**	Address	Phone	Written Exam Score	Remediation Provided/Date Completed	Course Completed	Date Card Issued
25.					Y N	
26.					Y N	
27.					Y N	
28.					Y N	
29.					Y N	
30.					Y N	
31.					Y N	
32.					Y N	
33.					Y N	
34.					Y N	
35.					Y N	
36.					Y N	

Name (first, middle initial, last) **Please PRINT your name as you wish it to appear on your card.**	Address	Phone	Written HCP Exam Score	Remediation Provided/Date Completed	Course Completed	Date Card Issued
37.					Y N	
38.					Y N	
39.					Y N	
40.					Y N	
41.					Y N	
42.					Y N	
43.					Y N	
44.					Y N	
45.					Y N	
46.					Y N	
47.					Y N	
48.					Y N	