



**OPERATION LIFE SAVER
TRAINING CENTER**

American Heart Association Emergency Cardiovascular Care Program
Course Roster

PALS Provider Initial Renewal Training Center Name OPERATION LIFE SAVER (LA5186)
 PALS Instructor Initial Renewal Course Date: _____
 Current AHA PALS Physician Instructor Available Course Location _____

 Name _____
 Mailing Address _____
 Home Phone _____ Work Phone _____
 Instructor Level _____ Instructor ID# _____

Lead Instructor or Course Director:

Assistant Instructor's Name		Address		I-Card/Exp. Date		Instructor ID#	
1...							
2...							
3...							
4...							
5...							
Course Start Date/Time		Course End Date/Time		Total Hours of Instruction			
Monitor's Name		Instructor Level		Candidate Name		Candidate Name	

Check enclosed for \$ _____ for:

_____ PALS Provider Satisfactory Satisfactory

_____ PALS Instructor Unsatisfactory Unsatisfactory

I verify that the following information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the AHA 2015 Guidelines.

Signature Course Director: _____ Date _____

PARTICIPANT LIST

PLEASE PRINT CLEARLY - Form must be complete and legible.

	First Name	MI	Last Name	Address	Phone Number	Course Completed	Remediation Provided/Date Completed	Written Test Score
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	
13						Y	N	
14						Y	N	
15						Y	N	