Advanced Cardiovascular Life Support Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

Course Information

- ☐ ACLS Course
- ☐ ACLS Update Course
- ☐ ACLS Traditional Course
- ☐ ACLS Traditional Update Course
- ☐ HeartCode® ACLS
- ☐ ACLS EP Course
- ☐ ACLS Instructor Course
- ☐ ACLS EP Instructor Course

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

Address 2 _____

Course Location _____

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

Assisting Instructors *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

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.

_____ _____

Signature of Lead Instructor Date

JN-2509 ACLS 10/25 © 2025 American Heart Association

Course Participants

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID#_____

Name and Email *Please PRINT as you wish your name to appear on your card.* *Please print email address legibly.*	*Mailing Address/Telephone*	*PSA/PW Completed*	*CCF %*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

 © 2025 American Heart Association