

Pediatric Advanced Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- PALS Course
- PALS Update Course
- PALS Traditional Course
- HeartCode® PALS
- PALS Instructor Course

Lead Instructor _____
 Lead Instructor ID# _____
 Card Expiration Date _____
 Training Center Survival Group _____
 Training Center ID# CT05948 _____
 Training Site Name (if applicable) CPR Indianapolis _____
 Address 2201 East 46th Street, Suite 193 _____
 City, State ZIP Indianapolis, IN 46205 _____
 Course Location CPR Indianapolis _____

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

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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

Course Participants



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

<p><i>Name and Email and Phone</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p>	<p>Skills Checks/Case Scenarios</p>	<p>PSA Score</p>	<p>Complete/ Incomplete</p>	<p>Remediation/ Date Completed (if applicable)</p>
1.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
2.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
3.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
4.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
5.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
6.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
7.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
8.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
9.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			
10.	<input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Airway <input type="checkbox"/> I/O <input type="checkbox"/> Rhythm/Electric			
	<input type="checkbox"/> Practice Cases <input type="checkbox"/> Cardiac Test <input type="checkbox"/> Resp/Shock Test			