For Office Use Only
Rec'vd:
Entered:
Class No:
Mailed:

Fox Valley Technical College Emergency Medical Services Department
American Heart Association Training Center
Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS)
Basic Life Support for the Healthcare Provider (BLS HCP) and Heartsaver Course Rosters

☐ **FVTC Course** Course #: ☐ **Non-FVTC Course**

When form is completed, click "Submit Form for Tracking" below or save document and attach to an e-mail and send it to ahaTrainingCenter@fvtc.edu. Please do not mail the printed version.

Course Information

☐ **New Course**

☐ **Renewal Course**

☐ **Instructor Course**

☐ **E-Learning**

☐ **BLS Provider**
☐ **ACLS Provider**
☐ **PALS Provider**

☐ **Heartsaver First Aid with CPR & AED**
☐ **Adult** ☐ **Child** ☐ **Infant**

☐ **Heartsaver CPR AED**
☐ **Adult** ☐ **Child** ☐ **Infant**

☐ **Heartsaver First Aid only**

☐ **K-12 eCards Issued**

Lead Instructor		Status Renewal Date
Course Start Date/Time	Course End Date/Time	Total Hours of Instruction
No. of Cards Issued	Student-Manikin Ratio	Location

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.	

The class participants on this roster have been sent completion cards electronically ☐ **Yes** ☐ **No**

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines. I further agree this Agreement is an entire understanding to follow all guidelines and policies set forth by Fox Valley Technical College American Heart Association Training Center (FVTC AHA TC) and all course evaluations will be mailed to FVTC AHA TC within two weeks of class end date.

Instructor's Name	Date	☐ Placing a check mark in this box indicates agreement to the above and constitutes an electronic signature

Date **Course** **Lead Instructor**

Course Participants

Student Name ***(First Name, Last Name)***	*Telephone Number* *(with area code)*	*Email Address*	*Complete/ Incomplete*	*Remediated Yes or No*	*Test Score*

Reset Form

Submit Form for Tracking

Print Form for Your Records

Date **Course** **Lead Instructor**

Course Participants

Student Name ***(First Name, Last Name)***	*Telephone Number* *(with area code)*	*Email Address*	*Complete/ Incomplete*	*Remediated Yes or No*	*Test Score*

Reset Form

Submit Form for Tracking

Print Form for Your Records