



Avera CTC Coordinator
1000 W. 4th Street, Suite 9
Yankton, SD 57078
(605)668-8475

Instructions:

- Complete **all fields** on the roster in Internet Explorer and return to: AveraCTC@avera.org
- Submit appropriate payment. Use the **Lead Instructor's Name** in the "Student Name" field when entering payment. Please use the link below:
<https://pay.usbank.com/Form/PaymentPortal/Default?id=averacrpaestraining>
- ACLS & PALS - \$10.00/each



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American Heart Association Emergency Cardiovascular Care Programs
 Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) Course Roster Form

Course Information

ACLS

New Course Renewal Course Online

ACLS Instructor

New Course Renewal Course

PALS

New Course Renewal Course Online

PALS Instructor

New Course Renewal Course

Instructor Name: _____

Instructor ID#: _____

Status Renewal Date: _____

Training Center & ID#: Avera CTC - SD 05845

Course Location: _____

Address: _____

City, State, Zip: _____

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

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<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



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COURSE PARTICIPANTS



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

<i>Name and Email</i> <small>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</small>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
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11.			



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