



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](mailto: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 - \$10.00/each

# Advanced Cardiovascular Life Support Course Roster

Emergency Cardiovascular Care Programs



## 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 \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_  
 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

<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</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p>	<p><i>Mailing Address/Telephone</i></p>	<p><i>PSA Score</i></p>	<p><i>Complete/ Incomplete</i></p>	<p><i>Remediation/ Date Completed (if applicable)</i></p>
1.				
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3.				
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5.				
6.				
7.				
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9.				
10.				

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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