

**EMS OFFICE USE ONLY:**

CID:	
Date Received:	Date Cards Issued:

2023-aha-roster-credit-p1-0407

# EMS and Trauma Programs/AHA Training Center **COURSE ROSTER — CREDIT**

**ROSTER POLICY:**

- UNMC CCE AHA Training Center must be notified before course is offered.
- This packet must be **completed using a computer** and submitted to the UNMC CCE AHA Training Center **within 10 days** of the course completion date.
- All information must be spelled correctly. UNMC CCE will NOT edit or correct spelling errors.
- CURRENT cards are required for Renewal courses.
- CURRENT BLS card is required for ACLS/PALS. Card will be held for 30 days until proof of BLS is provided.
- CURRENT BLS, ACLS or PALS expiration date is required for Renewal courses.

<b>COURSE INFORMATION</b> (A separate roster must be completed for each course)		<b>Total Number of Students</b> <input style="width: 100px; height: 20px;" type="text"/>		
<b>Type of Course:</b> (Check ONE)	Indicate components included in the course:			
<input type="checkbox"/> ACLS	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Provider	<input type="checkbox"/> Instructor
<input type="checkbox"/> ACLS (Experienced Provider)	<input type="checkbox"/> Renewal	<input type="checkbox"/> Instructor		
<input type="checkbox"/> PALS	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Provider	<input type="checkbox"/> Instructor

<b>Training Site:</b>	<b>Course Start Date:</b>	<b>Start Time:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Location:</b>	<b>Course End Date:</b>	<b>End Time:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Address:</b>	<b>Ratio:</b>	<b>Total Class Time:</b>	hours
<b>Number of Manikins:</b>	Adult	Child	Infant
<b>Equipment Cleaned By:</b>			

<b>INSTRUCTOR(S) INFORMATION</b>				
	Complete Name	AHA ID #	Card Exp.	Module/Station
<b>Lead Instructor</b>				
<b>Assistant Instructor</b>				
<b>Assistant Instructor</b>				
<b>Assistant Instructor</b>				

# PARTICIPANT LIST — CREDIT

This roster must be completed using a computer. UNMC CCE will not edit or correct spelling errors.

	Course Date	First Name	Last Name	Credentials	Email Address	Complete Mailing Address including City, State, Zip	Cell Phone (Optional)	BLS Exp	ACLS Exp	PALS Exp	Test Score	Skills	Birthdate (MM/DD)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

# of Attendees By Profession:

I verify that the above information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the AHA 2020 Guidelines.

Lead Instructor:  Date: