	UNIVERSITY OF NEBRASKA MEDICAL CENTER™
	<b>CENTER FOR CONTINUING</b>
<b>9</b> .	EDUCATION

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

# EMS OFFICE USE ONLY: CID: Date Received: Date Cards Issued: 2023-aha-roster-credit-p1-0407

**Total Number of Students** 

#### **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.

**COURSE INFORMATION** (A separate roster must be completed for each course)

- 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.

Type of Course: (Check ONE)			Indicate con	nponents includ	ed in t	the course:						
☐ ACLS			☐ Initial ☐ Renewal			☐ Provider				☐ Instructor		
☐ ACLS (Experienced Pro	ovider)		☐ Renewa	al		Instructor						
□ PALS			☐ Initial	nitial		☐ Provider			☐ Instructor			
Training Site:							Course Start Date:				Start Time:	□ AM □ PM
Location:					Course End Date:				End Time:	□ AM □ PM		
Address:							Ratio: Total			Total C	lass Time:	hours
Number of Manikins: Adult			Chi	ld	Infan	t	Equipment Cleaned By:					
INSTRUCTOR(S)	INFO	RMATIO	N									
Complete Name				AHA ID #			Card Exp.		Module/Station	n		
Lead Instructor												
Assistant Instructor												
Assistant Instructor												
Assistant Instructor												

#### UNMC CCE EMS and Trauma Programs/AHA Training Center

### PARTICIPANT LIST — CREDIT

DISCLAIMER: The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees for such a course, except for a portion of fees needed for AHA course materials, do not represent income to AHA.

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												
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15												
16												
17												
18												
19												
20												

		rofession

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.