

PARTICIPANT LIST — CREDIT

This roster must be completed electronically by typing. Handwritten submissions will not be accepted. UNMC CCE will not edit or correct spelling errors.

	Course Date	First Name	Last Name	Credentials	Email Address	Complete Mailing Address	Cell Phone (Optional)	BLS Exp	ACLS Exp	PALS Exp	Test Score	Skills/CCF%	Birthdate
1													
2													
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20													

Number 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 2025 Guidelines.

Lead Instructor Name: _____ **Date:** _____

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.