



For Office Use Only  
 Rec'vd:  
 Entered:  
 Class No:  
 Mailed:



**Fox Valley Technical College Emergency Medical Services Department  
 American Heart Association Training Center  
 Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS)  
 Basic Life Support for the Healthcare Provider (BLS HCP) and Heartsaver Course Rosters**

**FVTC Course**      Course #: \_\_\_\_\_       **Non-FVTC Course**

When form is completed, click "Submit Form for Tracking" below or save document and attach to an e-mail and send it to [ahaTrainingCenter@fvtc.edu](mailto:ahaTrainingCenter@fvtc.edu). Please do not mail the printed version.

**Course Information**

<b>New Course</b>	<b>BLS Provider</b>	<b>Heartsaver First Aid with CPR &amp; AED</b>
	<b>ACLS Provider</b>	<input type="checkbox"/> <b>Adult</b> <input type="checkbox"/> <b>Child</b> <input type="checkbox"/> <b>Infant</b>
<b>Renewal Course</b>	<b>PALS Provider</b>	<b>Heartsaver CPR AED</b>
		<input type="checkbox"/> <b>Adult</b> <input type="checkbox"/> <b>Child</b> <input type="checkbox"/> <b>Infant</b>
<b>Instructor Course</b>		<b>Heartsaver First Aid only</b>

K-12 eCards Issued

**E-Learning**

Lead Instructor	Course Start Date/Time	Status Renewal Date
Course End Date/Time	Course End Date/Time	Total Hours of Instruction
No. of Cards Issued	Student-Manikin Ratio	Location City

**Assisting Instructors**      *(Attach copy of instructor card for instructors aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

***The class participants on this roster have been sent completion cards electronically***      Yes      No

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines. I further agree this Agreement is an entire understanding to follow all guidelines and policies set forth by Fox Valley Technical College American Heart Association Training Center (FVTC AHA TC) and all course evaluations will be mailed to FVTC AHA TC within two weeks of class end date.

		<input type="checkbox"/> Placing a check mark in this box indicates agreement to the above and constitutes an electronic signature
Instructor's Name	Date	



