

ERTSS AHA Course Roster - 2025 Guidelines

#1 Instructor: Lead Instructor _____ Assisting _____

#2 Instructor Candidate Monitoring _____ TCF/Monitor: _____

#3 Select Course Completed from the Dropdown Options Below

#4 Complete All Course Details

| 2025 AHA Guidelines Courses Only | Course Details |
|--|-------------------------------------|
| <i>2025 Provider Courses:</i> | Start Date: _____ End Date: _____ |
| | Initial or Update Precourse Work |
| | Classroom Blended Course Monitoring |
| <i>2025 Instructor Essentials Courses:</i> | Start Time _____ End _____ |
| | Student / Instructor Ratio: |
| | Student to Manikin Ratio: |
| Notes: | |

#5 Course Address: _____ City _____ State _____

| # | PRINT NAME CLEARLY | Email Address | Mobile # | CCF% ACLS PALS | Exam Score | Skills |
|----|--------------------|---------------|----------|----------------------|------------|--------|
| 1 | | | | | | |
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| 9 | | | | | | |
| 10 | | | | | | |

I verify this course followed all 2025 AHA Instructional Guidelines & all documented information is correct.

Instructor Signature: _____

ASSISTING INSTRUCTOR 3 _____ Instructor 4 _____

| | *PRINT NAME CLEARLY | Email Address | Mobile # | CCF% ACLS PALS | Exam Score | Skills |
|----|---------------------|---------------|----------|----------------------|---------------|--------|
| 11 | | | | | | |
| 12 | | | | | | |
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| 24 | | | | | | |

I verify this course followed all 2025 AHA Instructional Guidelines & all documented information is correct.

Instructor Signature: _____