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
2025 Provider Courses:	Start Date:_____End Date:_____
Select Course	☐ Initial or ☐ Update ☐ Precourse Work ACLS / PALS
Heartsaver Track	☐ Classroom ☐ Blended ☐ Course Monitoring
2025 Instructor Essentials Courses:	Start Time_____End_____
Select Course	Student / Instructor Ratio: Select Ratio
	Student to Manikin Ratio: Select Ratio
Notes:	

#5 Course Address: _____City _____ State_____

# 6	PRINT NAME CLEARLY	Email Address	Mobile #	CCF% ACLS PALS	Exam Score	Skills
1				☐		☐
2				☐		☐
3				☐		☐
4				☐		☐
5				☐		☐
6				☐		☐
7				☐		☐
8				☐		☐
9				☐		☐
10				☐		☐

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

Instructor Signature: _____

Print Roster | Save Roster | **Submit Roster** | **Page 2** | Reset Roster

Page 2 of the _____ Course Date:_____ Instructor:_____

ASSISTING INSTRUCTOR 3 _____ Instructor 4 _____

	*PRINT NAME CLEARLY	Email Address	Mobile #	CCF% ACLS PALS	Exam Score	Skills
11				☐		☐
12				☐		☐
13				☐		☐
14				☐		☐
15				☐		☐
16				☐		☐
17				☐		☐
18				☐		☐
19				☐		☐
20				☐		☐
21				☐		☐
22				☐		☐
23				☐		☐
24				☐		☐

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

Instructor Signature: _____