

ACLS Cover Sheet

American Heart Association
Emergency Cardiovascular Care
Program



UnityPoint Health
Des Moines

Course Information

ACLS Provider

ACLS Renewal

ACLS HeartCode
(include certificates)

Organization				
	Day 1	Day 2		Instructor Names
Course Date			Lead	
Start Time			Assisting	
End Time			Assisting	
Total Hours			Assisting	
# Adult Manikins			Assisting	
# Airway Heads			Assisting	
# Students Attended			Assisting	
# Students Passed			Assisting	

Card Fee

Quantity*	Description	Price Each	Total Price*
	ACLS Provider eCard		

Method of Payment

<input type="checkbox"/>	Credit Card on File	Name on card and zip code
<input type="checkbox"/>	Call in Credit Card 515-241-6811	Name of individual calling
<input type="checkbox"/>	Check made payable to <i>UnityPoint Health-CTC</i>	Note anticipated date
<input type="checkbox"/>	Company Transfer	Account Number
<input type="checkbox"/>	UPHDM Employee	

* Values automatically calculate

Additional Comments:

*I verify that this information is accurate and truthful, and that it may be confirmed.
This course was taught in accordance with AHA guidelines.
The manikins were decontaminated appropriately following this course.*

Signature:

Date:

Send Completed Order Form to:
UnityPoint Health-Des Moines Community Training Center
DM_CTC@unitypoint.org • (515) 241-6811 • (515) 241-5038 fax