

Instructor Cover Sheet

American Heart Association
Emergency Cardiovascular Care
Program



Course Information

<input type="checkbox"/> New	<input type="checkbox"/> BLS Instructor	<input type="checkbox"/> Heartsaver Instructor
<input type="checkbox"/> Renewal	<input type="checkbox"/> ACLS Instructor	<input type="checkbox"/> PEARS Instructor
	<input type="checkbox"/> PALS Instructor	

Organization			TC Faculty Names
Course Date		Lead	
Start Time		Assisting	
End Time		Assisting	
Total Hours		Assisting	
# Adult Manikins		Assisting	
# Child Manikins		Assisting	
# Baby Manikins		Assisting	
# Airway Heads		Assisting	
# Students Attended		Assisting	
# Students Passed		Assisting	

Card Fee

Quantity*	Description	Price Each	Total Price*
	Instructor 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