BCLS/ACLS/PALS

Guidelines
2020
2021

INSTRUCTOR REPORTING FORM

innovative solutions
in healthcare education, llc
4101-G stuart andrew blvd
charlotte, nc 28217
704-527-5119
www.innosols.com
Fax: 704-817-8849

Lead (Directing) Instructor's Name:_____ ID No.(initials + last 4 numbers of SSN): _____
(Print)

Home Address (if changed since last class): _____

Telephone:_____ Email Address:_____

Location of class:_____ TOTAL Number of class participants: _____

Type of course: □ BLS Provider □ HeartSaver CPR □ Heartsaver First Aid CPR AED □ First Aid Only
(Check one)
□ Pediatric Heartsaver First Aid CPR AED □ CPR Family and Friends □ K-12

Level of course: □ ACLS Provider □ Provider □ Renewal □ PALS Provider □ Provider □ Renewal

(Check one)

(Print) Names of Assisting Instructors	ID Number (initials and last 4 numbers of SSN)	Address (if changed since last report)	Member of innovative solutions community training center? Yes/No (if not, send a copy of this report to your CTC)

The above Instructors have demonstrated the knowledge and skills of a current BCLS, ACLS, or PALS Provider and Instructor:

_____ _____
Date Course Completed Signature of Lead Instructor

***BCLS/ACLS/PALS Instructor Reporting Form - **Please maintain a copy of this record in your files for at least two years.**