Upon completion of your course, please complete and submit this form to request your eCards. Do not submit multiple course/classes on a single request form **(Submit one form for each class you teach).**

1. Training Site Name: **Click here to Type of Name of Your Training Site**
2. Date of Class**:**  Click here to enter a date. **(Submit this form only AFTER students have completed the course)**
3. Select Type of Course/Program from the Drop-Down Menu: Choose an item.
4. Please Check Type of Instruction: **Choose Delivery Method of Instruction.**
5. Issue eCards to: **Type Name of Instructor Here.**
6. # of eCards Requested: Choose # of eCards Requested.

**(Please Note: ACLS, ACLS-EP, PALS and PEARS Cards will only be issued to ACLS or PALS Course Directors or TCFs**)

1. **List all Instructors who actually taught this class (please include their AHA Instructor ID #:**

**Instructor ratio is 6:1 (for every 6 student you should only have one instructor listed)**

|  |  |  |
| --- | --- | --- |
|  | **Instructor Name** | **AHA Instructor ID #** |
| **1.** | **Click here to enter text.** | **Click here to enter text.** |
| **2.** | **Click here to enter text.** | **Click here to enter text.** |
| **3.** | **Click here to enter text.** | **Click here to enter text.** |
| **4** | **Click here to enter text.** | **Click here to enter text.** |

1. **INVOICE TO: Type Business Name Here.**

**Email Address**: **Type Email of Business Contact Person Here**

**Instructors are responsible for maintaining all records for every course for a minimum of three (3) years**. This includes: Course Roster, Student Evaluations, Critical Skills Check-Off Sheets, Written Exams and any Remediation. If this was a Skills Check-off, the HeartCode Course Completion Certificate(s) must be maintained in your records. **All documents must be produced/submitted for review upon request of Colorado Advanced Life Support or the American Heart Association**.

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| **For Office Use Only** |
| Invoice #: | Into FileBound: | Ecards Issued: |