

# Pee Dee Regional Community Training Center Roster

**All information on front and back side must be completed before course completion cards will be issued**

Course Information					
Course Date			Location		
BASIC LIFE SUPPORT		ACLS		PALS	
HS CPR AED ADULT		HS 1ST AID ADULT		HS 1ST AID CPR/AED ADULT	
HS CPR/AED PED		HS 1ST AID PED		HS 1ST AID CPR/AED PED	
Instructor/Student Ratio: (No more than 1:6)			Manikin/Student Ratio (No more than 1:3)		
Are you using the current edition of the written exam for HCP, ACLS, or PALS?					Yes    No
Was your class agenda based on the AHA guidelines per the instructor manual?					Yes    No
Did the instructor show the mandatory AHA video(s)?					Yes    No
Name of the person who disinfected the manikins before class use?					
Were course evaluations given after class?					Yes    No
Were any students remediated, and/or not given course completion card?					Yes    No
If yes, give reasons and results. Course evaluation form must be attached as well. I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines and using AHA materials.					
<b>LEAD INSTRUCTOR:</b>					
_____			_____		
Name (Please print)			Telephone number		
_____		_____		_____	
Email Address		ID Number		Expiration Date	
Assisting Instructor Information					
Assisting Instructors		Primary CTC		Expiration Dates	
(1)					
(2)					
(3)					
(4)					
Card Information					
Type of Card	Cost Per Card	Number Requested	Total Amount Enclosed		
BLS	\$6.00				
ACLS/PALS	\$8.00				
HEARTSAVER	\$20.00				

**MAIL COMPLETED CARDS TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Date Roster Received:	Payment Received	Check Number:	Date Cards Mailed:

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PLEASE PRINT NAME CLEARLY. IF NAME IS NOT LEGIBLE, A FEE WILL BE CHARGED FOR A REPLACEMENT CARD. Cards are typed as they are interpreted. Written scores must be 84 or higher.  
Practical skills must be marked either "A" Adequate or "R" Remediation.

	Student Name	Address	Phone	E-mail Address	Practical Skills	Written Score
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						

Attach evaluation forms and payments, and mail fully completed paperwork to:

PEE DEE REGIONAL COMMUNITY TRAINING CENTER  
1209 W. Evans Street, FLORENCE, SC 29501  
PHONE: (843) 665-4671 • FAX (843) 669-8842  
Visit us online at [www.pdctc.com](http://www.pdctc.com)

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