

Pediatric Emergency Assessment, Recognition, and Stabilization Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ PEARS Course
☐ PEARS Instructor

Lead Instructor _____
Lead Instructor ID# _____
Card Expiration Date _____
Training Center GMR Learning
Training Center ID# CA02812
Training Site Name (if applicable) _____
Address _____
City, State ZIP _____
Course Location _____

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date