

Pee Dee Regional Community Training Center Roster

1209 W. Evans Street • Florence, SC 29501 • (843) 665-4671

All information on the front and backside 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.					
LEAD INSTRUCTOR:					
_____			_____		
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	\$8.00		
ACLS/PALS	\$10.00		
HEARTSAVER	\$25.00		
INSTRUCTOR	\$20.00		

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Notes to center:

OFFICE USE ONLY

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

**All information on the front and back sides must be completed before course completion cards will be issued
PLEASE PRINT THE NAME CLEARLY. IF THE 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.						

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

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