IRISH HEART FOUNDATION CPR & ECC TRAINING PROGRAMME
ACLS COURSE REGISTRATION FORM 2025

Course Information

☐ ACLS Provider Course

☐ Heartcode ACLS Course

☐ ACLS Recertification Course

☐ ACLS EP Provider Course

Course Date(s) _____

IHF Training Site _____

County _____

Medical Director _____

MD Instructor Number _____

MD Certification EXP Date _____

ACLS Instructors

Instructor Name	Instructor Number	Instructor Certification EXP Date	Instructor Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I verify that this information is accurate and truthful and that it may be confirmed. I also verify that students on this course were made aware of the **IHF & Laerdal Learning Platform Fair Processing Notice** in order to receive their electronic ACLS course completion certificate. This course was taught in accordance with IHF/AHA guidelines.

_____   _____

Signature of Course Coordinator   Date

Course date(s): _____

Fair Processing Notice - By listing their name and email address below, students agree to the Irish Heart Foundation retaining their details on the secure IHF & Laerdal Learning Platform (https://ihf.eu.learning.laerdal.com/) for up to 5 years after the date of course registration. The information will be used to contact students in relation to their electronic IHF/AHA ACLS course completion certificate. Anonymous statistical data in relation to this programme may be shared with our programme partners, American Heart Association and Laerdal Medical, for reporting and analysis purposes. If you have any requests concerning your personal information or any queries with regard to our processing, please contact resus@irishheart.ie or visit https://irishheart.ie/privacy-policy/.

Student name, email address & certification information are uploaded by Training Sites to **IHF/ Laerdal Learning Platform** – you will receive your ACLS ecard by email from Laerdal	*Pre Course MCQ (Pass %/ R-Pass %/ NYC)*	*Part 1 Cert (Heartcode ACLS)*	*BLS (Pass/ R-Pass/ NYC)*	*Post MCQ (Pass %/ R-Pass %/ NYC)*	*Megacode (Pass/ R-Pass/ NYC)*	*Overall Result (Pass/ NYC)*
1. Name: 1. Email address to send ecard to:						
2. Name: 2. Email address to send ecard to:						
3. Name: 3. Email address to send ecard to:						
4. Name: 4. Email address to send ecard to:						
5. Name: 5. Email address to send ecard to:						
6. Name: 6. Email address to send ecard to:						