

**IRISH HEART FOUNDATION CPR & ECC TRAINING PROGRAMME
ACLS COURSE REGISTRATION FORM 2026**



Course Information

ACLS Provider Course IHF Training Site _____
 Heartcode ACLS Course County _____
 ACLS Recertification Course Medical Director _____
 ACLS EP Provider Course MD Instructor Number _____
 Course Date(s) _____ MD Certification EXP Date _____

ACLS Instructors

<i>Instructor Name</i>	<i>Instructor Number</i>	<i>Instructor Certification EXP Date</i>	<i>Instructor Signature</i>
1.			
2.			
3.			
4.			
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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:						