SECTION 2A: Continuing Educational Professional Development

Please complete in respect of each Provider / Instructor course on which you are the Course/Medical Director, Educator or *Course Coordinator.

*Please note the role of course coordinator does not contribute towards the instructor recertification process

Name	

Course Centre					
Course Dates					
Type of Course (circle one)	ARC ALS2/ALS	ARC ALS1/ILS	ARC ALS2 Instructor	RC(UK) ALS	RC(UK) ILS
	EMST	APLS	ATLS	ERC ALS	GIC
	Other:				

Role(s) on Course			
Course/Medical Director? ☐	Course Co-ordinator? ☐	Course Co-ordinator? ☐	Course Co-ordinator? ☐

Course Director/Medical Director/Course Co-ordinator			
Number of courses previously directed:	Number of courses previously in role of medical lead:	Number of Instructor courses previously in role of Educator:	Number of courses previously in role of Course Coordinator:
Reflect on what went well:			
What would you do differently next course?			