



Course Roster

Use a separate roster for each course. Keep a copy for your records for 3 years.

Course rosters must be submitted through the Neonatal Life Support (NLS) Portal within a week of the course. Once submitted, new students will receive instruction on how to retrieve their ACoRN Provider card; renewing students can login to their existing accounts.



COURSE INFORMATION

Course Date: _____ Course Location: _____

Course Level: ☐ Provider ☐ New Instructor ☐ Instructor Update ☐ Instructor Trainer ☐ Instructor Update
☐ Core Content ☐ Advanced

Additional Skills:

LEAD INSTRUCTOR INFORMATION

ACoRN ID #: _____ Name: _____ E-mail: _____

☐ I verify that the persons listed on the roster have successfully completed the ACoRN course as listed above.

Signature: _____ Date: _____

ASSISTING INSTRUCTOR INFORMATION (will receive the same credit as the lead Instructor)

Instructor Name	NLS ID #	Work Institution	E-mail

Note: Use separate sheet if additional space is needed.

(Print clearly; illegible forms will be returned)

No.	Student Name <i>As it should appear on NRP Card</i>	Credential*	Work Institution	E-mail <i>Must be unique to the person</i>	Exam Completed	Level
1		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
2		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
3		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
4		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
5		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
6		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
7		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
8		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
9		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced
10		☐ MD ☐ RM ☐ RN ☐ RPN/LPN ☐ RRT ☐ Other _____			☐ Yes	☐ Core ☐ Advanced

*MD: Medical Doctor; RN: Registered Nurse; RRT: Registered Respiratory Therapist; RM: Registered Midwife; RPN/LPN: Registered Practical Nurse/Licensed Practical Nurse