

American Heart Association Emergency Cardiovascular Care Programs

Course Roster

Course Information (CHECK ALL BOXES THAT APPLY)

HCP- BLS

New Course

Renewal Course

Instructor

Provider

ACLS

New Course

Renewal Course

Instructor

Provider

HEARTSAVER COURSES

FA/CPR/AED **CPR/AED**

CHILD CPR/AED

INFANT CPR

WRITTEN TEST GIVEN

FIRST AID ONLY

WRITTEN TEST GIVEN

PEDIATRIC FIRST AID

ADULT CPR

ASTHMA CARE VIDEO

WRITTEN TEST GIVEN

PALS

New Course

Renewal Course

Instructor

Provider

Lead Instructor _____

Instructor ID: _____

Status Renewal Date: _____

Training Center: EMT ASSOCIATES

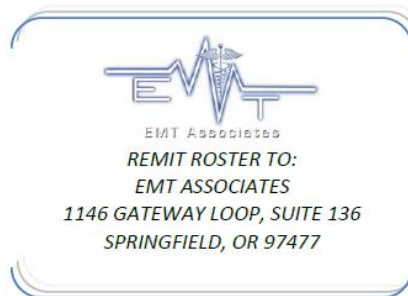
Training Center ID#: OR 20773

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____



Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>		<i>Card Exp. Date</i>	
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> <i>Please PRINT CLEARLY as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>SCORE (if applicable)</i>	<i>Remediation/Date Completed (if applicable)</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				