

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM
CPR FOR FAMILY AND FRIENDS
COURSE ROSTER FORM**

Course Information

New Course **Renewal Course**

CPR for Family and Friends Course

This course included the following Heartsaver CPR core components:

Check all that apply

- Adult CPR
- Child CPR
- Infant CPR

Manikins Decontaminated By:

Decontamination Method:

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

of Cards issued _____ Student/Manikin Ratio _____ Issue Date of cards _____

Lead Instructor _____

Status: BLS Instructor HS Instructor BLS TCF/RF

Status Renewal Date: _____

Training Center _____ TC- 22 UHC _____

Site Name _____

Assisting Instructors/Specialty Faculty (Attach copy of Instructor card for instructors aligned with other than primary TC)

Name/Email/Instructor Card expiration Date/Station

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10.

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

Signature of Lead Instructor _____ Date _____

PARTICIPANT SIGN IN SHEET

DATE _____

COURSE CPR for Family and Friends

<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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