

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM
HEARTSAVER AED
COURSE ROSTER FORM**

Course Information

New Course **Renewal Course**

Heartsaver AED Provider Course

This course included the following Heartsaver AED core components:

Check all that apply

- Adult CPR - AED
- Child CPR and Child AED
- 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)

<i>Name/Email/Instructor Card expiration Date/Station</i>
1.
2.
3.
4.
5.
6.
7.
8.
9.
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 Heartsaver AED

<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>
1.					
2.					
3.					
4.					
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6.					
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9.					
10.					
11.					

<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>
12.					
13.					
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22.					

<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>
23.					
24.					
25.					
26.					
27.					
28.					
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