

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

**Course Information**

**New Course**                       **Renewal Course**

**Heartsaver First Aid Provider Course**

This course included the following Heartsaver AED core components:

Check all that apply

- Adult CPR    or     Adult CPR-AED
- Environmental
- Child CPR    or     Child CPR-AED
- Infant CPR

**Heartsaver First Aid Instructor Course**

**Lead Instructor** \_\_\_\_\_

Status:  BLS Instructor     HS Instructor     BLS TCF/RF

Status Renewal Date: \_\_\_\_\_

Training Center \_\_\_\_\_ TC- 22 UHC \_\_\_\_\_

Site Name \_\_\_\_\_

**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 \_\_\_\_\_

***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 First Aid

<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.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

<i><b>NAME Please PRINT as you wish your name to appear on your card.</b></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.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					

<i><b>NAME Please PRINT as you wish your name to appear on your card.</b></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.					
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