

AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM HEARTSAVER FIRST AID/CPR/AED COURSE ROSTER FORM

Course Information

New Course **Renewal Course**

Heartsaver Course- check all that apply

- CPR/AED
- FIRST AID/CPR/AED
- FIRST AID

Lead Instructor _____

Status: BLS Instructor HS Instructor BLS TCF/RF

Status Renewal Date: _____

Training Center MO 02648

Site/Location 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)

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 _____

PARTICIPANT SIGN IN SHEET

DATE _____

COURSE Heartsaver

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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DATE _____

COURSE Heartsaver

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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DATE _____

COURSE Heartsaver

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Complete(Pass)/ Incomplete</i>
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