

**Course Information**

**Heartsaver CPR AED**

Child CPR AED    Infant CPR    Exam

**Heartsaver First Aid CPR AED**

Child CPR AED    Infant CPR    Exam

**Heartsaver First Aid**

Exam

**Heartsaver Pediatric First Aid CPR AED**

Adult CPR    Exam

**Heartsaver Instructor**

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

Lead Instructor ID # \_\_\_\_\_

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

Training Center- Seven Mountains EMS Council

Training Center ID# 04997

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 _____

<b>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</b>			
Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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

# Course Participants

Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_

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

# Course Participants

Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
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**Course Evaluation Summary – Indicate the number of responses received for each evaluation question & any general comments.**

Reason for taking course:

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1. Overall Course Impression:    Excellent    Good    Fair    Poor
2. Objectives Met:    Yes    No
3. Adequate Supplies Available:    Yes    No
4. Facilities were Appropriate:    Yes    No
5. Instructor(s) Knowledgeable & Clear:    Excellent    Satisfactory    Needs Improvement
6. Instructor(s) Feedback:    Excellent    Satisfactory    Needs Improvement
7. Course Materials were Adequate:    Yes    No

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I verify that this information is accurate and truthful, and that it may be confirmed. I also verify that the program indicated above was conducted in accordance with all applicable AHA policies and procedures including the AHA Course fees disclaimer. Rosters signed electronically will be maintained with the sending e-mail to verify authenticity of origin of document. Questions will be addressed to the lead instructor indicated.**

\_\_\_\_\_  
**Signature of Instructor**

\_\_\_\_\_  
**Date**

**COUNCIL USE ONLY:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Paperwork Submitted:  Student Grade Sheets     Course Evaluations and/or Summary

Comments: \_\_\_\_\_