

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



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# _____
 Card Expiration Date _____
 Training Center _____
 Training Center ID# _____
 Training Site Name (if applicable) _____
 Address _____
 City, State ZIP _____
 Course Location _____

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|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total Hours of Instruction _____ |
| No. of Cards Issued _____ | Student-Manikin Ratio _____ | Issue Date of Cards _____ |

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

| 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 _____ Lead Instr. ID# _____

| <i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly. | <i>Mailing Address/Telephone</i> | <i>Complete/Incomplete</i> | <i>Remediation/Date Completed (if applicable)</i> |
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