

American Heart Association Emergency Cardiovascular Care Programs
Heartsaver®
Course Roster

Course Information (Choose one course only)

- Heartsaver CPR AED** (optional topics listed below)
 - Child CPR AED**
 - Infant CPR**
 - Written Test**

- Heartsaver First Aid CPR AED** (optional topics listed below)
 - Child CPR AED**
 - Infant CPR**
 - Written Test**

- Heartsaver First Aid** (optional topics listed below)
 - Written Test**

Instructor _____

Training Center Interior Region EMS Council, Inc.AK03066

Training Center ID# AK03066

Training Site Name (FMH only) _____

Course Location _____

Address _____

City, State ZIP _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards to be Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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

Date _____ Course _____ Instructor _____

Course Participants

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