



## American Heart Association Emergency Cardiovascular Care Program

### Participant Roster – Basic Life Support Courses

Course Information:			
<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>Family and Friends</b> <input type="checkbox"/> <b>CPR in Schools</b> <input type="checkbox"/> <b>BLS Healthcare Provider</b> <input type="checkbox"/> <b>BLS HCP Skills Testing</b> <input type="checkbox"/> <b>BLS HS Skills Testing</b> <input type="checkbox"/> <b>BLS Instructor Course</b>	<b>Heartsaver CPR</b> <input type="checkbox"/> Adult/Child CPR with Mask / Choking <input type="checkbox"/> Infant CPR with Mask/Choking <b>Heartsaver AED</b> <input type="checkbox"/> Adult/Child CPR with Mask / Choking <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask / Choking	<b>Heartsaver First Aid</b> <input type="checkbox"/> Adult First Aid <input type="checkbox"/> Environmental Module <input type="checkbox"/> Adult/Child CPR <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask <b>Heartsaver Pediatric First Aid</b> <input type="checkbox"/> Pediatric First Aid <input type="checkbox"/> Asthma Care <input type="checkbox"/> Infant CPR / Mask <input type="checkbox"/> Optional 1 <sup>st</sup> Aid Module <input type="checkbox"/> Adult/Child CPR / Mask <input type="checkbox"/> Adult Child AED

Course Start Date/Time: \_\_\_\_\_ Site: \_\_\_\_\_ # Adult Manikins: \_\_\_\_\_  
 Course End Date/Time: \_\_\_\_\_ City: \_\_\_\_\_ # Child Manikins: \_\_\_\_\_  
 Mail cards to: **and/or**  Bill to: \_\_\_\_\_ # Baby Manikins: \_\_\_\_\_  
 Name: \_\_\_\_\_ # AEDs: \_\_\_\_\_  
 Address: \_\_\_\_\_ # Participants: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Instructor Information: <i>(Attach copy of instructor card for instructors aligned with TCs other than Spencer Hospital)</i>			
	Instructor Name	Instr. Card Exp. Date	Module/Sessions taught
Lead			
Assisting			
Assisting			
Assisting			

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

Signature of the Lead Instructor / Course Director \_\_\_\_\_ Date \_\_\_\_\_

