



American Heart Association Emergency Cardiovascular Care Program

Participant Roster – Basic Life Support Courses

Course Information:			
<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Family and Friends <input type="checkbox"/> BLS Healthcare Provider <input type="checkbox"/> BLS Heartcode HCP Skills Testing <input type="checkbox"/> BLS Instructor Course	Heartsaver AED <input type="checkbox"/> Adult/Child CPR with Mask / Choking <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask / Choking <input type="checkbox"/> Optional Written Exam Heartsaver Skills Testing <input type="checkbox"/> Heartsaver Skills <input type="checkbox"/> 1 st Aid Skills	Heartsaver AED First Aid <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 Heartsaver AED Pediatric First Aid <input type="checkbox"/> Pediatric First Aid <input type="checkbox"/> Asthma Care <input type="checkbox"/> Infant CPR / Mask <input type="checkbox"/> Optional 1 st 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 _____

