



5198 Ross Road, NM 101
Acworth, GA 30102



****Any incomplete paperwork will be mailed back to you – fill out ALL information and include evaluation forms****

American Heart Association Emergency Cardiovascular Care Program Course Roster

- | | | |
|--|---|--|
| <input type="checkbox"/> BLS Healthcare Providers | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> HS CPR Family and Friends | <input type="checkbox"/> Adult <input type="checkbox"/> Child | <input type="checkbox"/> Infant |
| <input type="checkbox"/> HS AED | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Adult CPR-AED | <input type="checkbox"/> Child CPR-AED | <input type="checkbox"/> Infant CPR |
| | | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> HS First Aid | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> First Aid ONLY | <input type="checkbox"/> Adult CPR-AED | <input type="checkbox"/> Child CPR-AED |
| | <input type="checkbox"/> Infant CPR | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> HS First Aid Pediatric | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| | <input type="checkbox"/> Asthma | <input type="checkbox"/> Optional Topics |
| <input type="checkbox"/> BLS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Heartsaver Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PEARS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |

Course Location: _____

Lead Instructor & _____

Instructor ID #: _____

Home Address: _____

For ACLS / PALS Courses Only:

Course Director: _____

Current AHA PALS/ACLS Physician Instructor Available

Physician Name _____

Course Start Date/ Time: _____ Course End Date/Time _____ Manikins Decontaminated by: _____

Assisting Instructors/Specialty Faculty				
	Name of Inst. <i>PRINT!!!</i>	Training Center Affiliation	Name of Inst. <i>PRINT!!!</i>	Training Center Affiliation
1.			4.	
2.			5.	
3.			6.	

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 Course Director/Lead Instructor _____ Date _____

TC Use Only
Course # _____

PLEASE PRINT CLEARLY

Course Participants

<u>Print your name exactly as you want it to appear on your card</u>	Address	Phone	Exam Score (Optional)	Remediation Provided/Date Completed	Course Completed	Date Card Issued
1.					Y N	
2.					Y N	
3.					Y N	
4.					Y N	
5.					Y N	
6.					Y N	
7.					Y N	
8.					Y N	
9.					Y N	
10. ****Nine is the maximum for one instructor****					Y N	
11.					Y N	
12.					Y N	