



110 EVANS MILL DRIVE, SUITE 704, DALLAS, GA 30157



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 CPR In School <input type="checkbox"/> Adult	<input type="checkbox"/> Initial <input type="checkbox"/> Child	<input type="checkbox"/> Renewal <input type="checkbox"/> Infant
<input type="checkbox"/> HS AED <input type="checkbox"/> Adult CPR-AED	<input type="checkbox"/> Initial <input type="checkbox"/> Child CPR-AED	<input type="checkbox"/> Renewal <input type="checkbox"/> Infant CPR
<input type="checkbox"/> HS CPR <input type="checkbox"/> Adult	<input type="checkbox"/> Initial <input type="checkbox"/> Child	<input type="checkbox"/> Renewal <input type="checkbox"/> Infant
<input type="checkbox"/> HS First Aid <input type="checkbox"/> Environmental	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR-AED	<input type="checkbox"/> Adult CPR-AED <input type="checkbox"/> Infant CPR
<input type="checkbox"/> HS Pediatric First Aid	<input type="checkbox"/> Asthma	<input type="checkbox"/> Environmental
<input type="checkbox"/> BLS Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> BLS Heartsaver Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> BLS HS First Aid 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"/> ACLS EP Provider	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS EP 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

Training Site Name _____

Lead Instructor: _____

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 Last Name, First Name</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.					Y N	
11.					Y N	
12.					Y N	