

American Heart Association Emergency Cardiovascular Care Programs
Heartsaver®
Course Roster

Course Information
☐ **Heartsaver CPR AED**
☐ Child CPR AED ☐ Infant CPR ☐ Written Test

☐ **Heartsaver First Aid CPR AED**
☐ Child CPR AED ☐ Infant CPR ☐ Written Test

☐ **Heartsaver First Aid**
☐ Written Test

☐ **Instructor**
☐ **Provider**
Lead Instructor _____

Status: ☐ Heartsaver ☐ BLS HCP

Status Renewal Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

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

No. of Cards 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 _____ Lead 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>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			