

**American Heart Association Emergency Cardiovascular Care Program
Heartsaver First Aid
Course Roster Form**

Course Information

☐ **Heartsaver First Aid Provider Course:**

This course included the Heartsaver First Aid Core component and
(Choose only one) ☐ Adult CPR or ☐ Adult CPR-AED
☐ Environmental
(Choose only one) ☐ Child CPR or ☐ Child CPR-AED
☐ Infant CPR

Lead Instructor_____

Status: ☐ BLS Instr. ☐ HS Instr. ☐ BLS TCF/RF
Status Renewal

Date: _____

Training Center_____

Site Name_____

☐ **Heartsaver First Aid Instructor Course**

Course Start Date/Time_____	Course End Date/Time_____	Total hours of Instruction _____
# of Cards Issued_____	Student/Manikin Ratio_____	Issue Date of cards_____

Assisting Instructors / Specialty Faculty *(Attach copy of instructor card for instructors aligned with other than primary TC)*

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
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 _____ INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Provided/Date Completed</i>	<i>Exam Score</i>	<i>Date Card Issued</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						