

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

**Course Information**

**New Course**     **Renewal Course**

**Heartsaver First Aid Provider Course:**

This course included the Heartsaver First Aid Core component and

(Check only one)  Adult CPR    or     Adult CPR-AED

Environmental

(Check only one)  Child CPR    or     Child CPR-AED

Infant CPR

**Heartsaver First Aid Instructor Course**

**Lead Instructor** \_\_\_\_\_

Status:

BLS. Instr.     HS Instr.     BLS IT/TCF/RF

Status Renewal Date: \_\_\_\_\_

Training Center \_\_\_\_\_

Site Name \_\_\_\_\_

Course Start Date/Time	Course End Date/Time	Total Hours of Instruction
Student-to-Manikin Ratio	Number of Cards Issued	

<b>Assisting Instructors/Specialty Faculty (Attach copy of instructor card for instructor aligned with other than primary TC)</b>							
Name	Inst. Card	Exp. Date	Module Station	Name	Inst. 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**

Name (first, middle initial, last) <i>Please PRINT your name as you wish it to appear on your card.</i>	Address	Telephone	Complete/ Incomplete	Remediation Provided/Date Completed	Exam Score	Date Card Issued
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						