

**American Heart Association Emergency Cardiovascular Care Program  
 Heartsaver CPR in Schools  
 Course Roster**

**Course Information**

**Heartsaver CPR in Schools Course:**

This course included the following Heartsaver CiS components:

- (Check all that apply)  Adult / Child CPR and Choking  
 Adult / Child AED  
 Infant CPR and Choking  
 Adult / Child CPR with Mask  
 Infant CPR with Mask

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

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

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

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

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

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)***

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>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 Heartsaver CiS

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/ Date Completed</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				