

**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

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> |
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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> |
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