

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ Heartsaver CPR AED
☐ Child CPR AED ☐ Infant CPR AED ☐ Exam
- ☐ Heartsaver First Aid CPR AED ☐ Heartsaver Total
☐ Heartsaver Basic ☐ Child CPR AED ☐ Infant CPR AED ☐ Exam
- ☐ Heartsaver First Aid
☐ Exam
- ☐ Heartsaver Pediatric First Aid CPR AED ☐ Adult CPR ☐ Exam
- ☐ Heartsaver for K-12 Schools
☐ Child CPR AED ☐ Infant CPR AED ☐ First Aid ☐ Exam
- ☐ Heartsaver Instructor

Additional Course/Path Information

Lead Instructor _____
Lead Instructor ID# _____
Card Expiration Date _____
Training Center _____
Training Center ID# _____
Training Site Name (if applicable) _____
Address _____
City, State ZIP _____
Course Location _____

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 *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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10.			