

**American Heart Association Emergency Cardiovascular Care Program
 Heartsaver eLearning
 Skills Session Roster**

Course Information

Heartsaver Courses:

- Heartsaver First Aid Online with CPR & AED
- Heartsaver First Aid Online
- Heartsaver First Aid Online with CPR & AED

Instructor/Skills Evaluator: _____

Status: BLS Instr. HS Instr. BLS TCF/RF/NF SE

Status Renewal Date: June 2013_____

Training Center CPR Consultants, Inc._____

Training Site Name (if applicable) CPR Consultants, Inc. #20514_____

Course Location _____

Address _____

City, State ZIP _____

Assisting Instructors or Skills Evaluator (Attach copy of instructor or skills evaluator card if not aligned with primary TC)

<i>Name</i>	<i>SE/Instr. card</i>	<i>Exp.</i>	<i>Name</i>	<i>SE/Instr. card</i>	<i>Exp.</i>
<i>Date</i>			<i>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 session was conducted in accordance with AHA guidelines.

 Signature of Instructor/Skills Evaluator

 Date

Session Roster for _____

Instructor/Skills Evaluator: _____

Course Participants **Note – If you are performing multiple skills practice and testing sessions over multiple days, you may use one roster.

<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</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed</i> <i>Y or N</i>	<i>Remediation Date</i> <i>(if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							