

**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 June 2017

Training Center CPR Consultants, Inc.

Training Center ID# NC20514

Training Site Name (if applicable) \_\_\_\_\_

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Start Date/Time _____ (Actual Time)	Course End Date/Time _____ (Actual Time)	Total Hours of Instruction _____ (Actual Hours)
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)

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

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>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			