

**American Heart Association Emergency Cardiovascular Care Programs
Heartsaver®
Course Roster**

Course Information

- Instructor-Led Online
- 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
- Heartsaver Pediatric First Aid CPR AED**
 Adult CPR AED Written Test

Lead Instructor _____

Phone number _____ Email _____

Training Center: **National EMS Academy**

Training Center ID# **LA 20741**

Course Location _____

Address _____

City, State, ZIP _____

Include in attachments:

- Sign in Sheet
 Skills Sheets
 Online Certificate (Online Only)
 Exam Answer Sheets (If Applicable)

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards Issued _____ Student-Manikin Ratio _____

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	Instructor Signature
1.		
2.		
3.		
4.		

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.			