

American Heart Association Emergency Cardiovascular Care Program Course Roster

Please print or type all information

Course Information	New Students	Renewed Students
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Type of Course: (A separate roster must be completed for each course –check only one.) Designate Module(s) Taught
 Heartsaver First Aid, CPR, AED includes: First Aid Basics: Medical, Injury, & Environmental Emergencies; Adult CPR AED (with a mask)
 Optional Modules: Child CPR/AED Infant CPR Written Test
 Heartsaver CPR AED includes: Adult CPR, AED (with a mask); Adult Choking;
 Optional Modules: Child CPR/AED; Infant CPR; Written Test
 Heartsaver First Aid includes: First Aid Basics; Medical, Injury and Environmental Emergencies Optional Module: Written Test
 Heartsaver Pediatric First Aid: A= Pediatric First Aid B= Asthma Care Training for Childcare Providers
 C= Optional Pediatric First Aid Topics D= Adult/CPR w/Mask E= Adult/Child AED F= Infant CPR w/Mask

BLS Healthcare Provider: _____ BLS Instructor _____ ACLS Provider _____
 BLS Heartsaver FACTS _____ Heartsaver Instructor _____ ACLS Instructor _____
 CPR Family & Friends _____ BLS Training Center Faculty _____ ACLS EP Provider _____
 CPR In Schools _____ ACLS Training Center Faculty _____ ACLS EP Instructor _____
 _____ Other Guidelines Update: BLS ACLS PALS _____ PALS Training Center Faculty _____ PALS Provider _____
 _____ PALS Instructor _____

Course Location: _____
 Start Date/Time: _____ End Date/Time: _____ Total Hours Instruction: _____
 Number of Instructors: _____ Number of Students: _____ Number of Manikins: _____ Adult _____ Child _____ Infant _____
 Number of Students who began course: _____ Number of Students who completed course: _____
 Manikins/Equipment Decontaminated by: _____

Heartsaver Courses: Upon receipt of course cards from TC, instructors are to mark out on course cards optional modules not completed.

Instructor Information (Lead Instructor or Course Director)

Instructor Name: _____ ID #: _____ Instructor Level: _____ Expiration Date: _____
 Home/Mailing Address: _____ TC Registration: _____
 City/State/Zip: _____ Home Phone #: _____ Work Phone #: _____

Assistant Instructor's Name	Instructor Card Expiration Date	Module/Station	List TC Affiliation, if you are not a member of this TC. (Attach a copy of your instructor card. Both sides.)

For additional BLS Instructors and all ACLS and PALS Courses, use attached sign -in sheet for assisting instructors

Monitor's Name	Instructor Level	TC Affiliation	Complete Address

***** Monitors, please note (*) those instructors you are monitoring, complete an Instructor Monitor form and attach to roster *****

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: Course Director/Lead Instructor: _____

AHA TRAINING CENTER INFORMATION

All AHA cards are mailed directly to the Training Site Coordinator for Classes conducted at TC designated sites.
 For all other classes, AHA cards are mailed directly to the Lead Instructor/Course Director to address noted above.

Course cards will be issued to the Training Site Coordinator, Lead Instructor or Course Director upon receipt of completed Course Roster and payment of card fees. Completed Student Evaluation/Comment forms, all applicable student written examinations and skill performance evaluation sheets are to be kept at Training Site.) Training Sites that are Direct Bill will receive cards and business will be billed. However, if any invoices are more than 60 days old, new card requests will be held until previous invoices are paid.

	Consortium Members	Non-Consortium Members
Card Fees: Heartsaver, First Aid, BLS Provider:	\$ 3.00	\$ 5.00
ACLS and PALS Provider	\$ 7.00	\$12.00
All Instructor Cards	\$15.00	\$25.00
Training Center Faculty	\$15.00	\$25.00

Card Cost: _____ Times # Cards Requested: _____ = Amount Due: \$ _____

Make checks payable to: **Mid-Carolina AHEC, Inc Training Center** Mail to Post Office Box Only

<p style="text-align: center;">**** AHA Training Center ****</p> <p style="color: red;">Mid Carolina AHEC, Inc. Training Center PO Box 2049 (Mail to PO Box Only) 1824 Hwy 9 Bypass West Lancaster SC 29721</p>	<p style="text-align: center;">Billing Information for Designated Training Sites</p> Agency Name: _____ Contact Person: _____ Address: _____ Phone #: _____
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Office Use Only	Date Received: _____	Dated Entered: _____	Date Cards Mailed: _____
	Check #: _____	Entered/Mailed By: _____	