

# American Heart Association Emergency Cardiovascular Care Program Course Roster

Please print or type all information

Course Information  **New Students**  **Renewed Students**

**Type of Course:** (A separate roster must be completed for each course –check only one.)  
 \_\_\_ **Heartsaver First Aid, CPR, AED includes:** First Aid Basics: Medical, Injury, & Environmental Emergencies; Adult CPR AED (with a mask)  
**Designate Module(s) Taught** Optional Modules: \_\_\_ Child CPR/AED \_\_\_ Infant CPR \_\_\_ Written Test  
 \_\_\_ **Heartsaver CPR AED includes:** Adult CPR, AED (with a mask); Adult Choking;  
**Designate Module(s) Taught** 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  
**Designate Module(s) Taught** C= \_\_\_ Optional Pediatric First Aid Topics **D=** \_\_\_ Adult/CPR w/Mask **E=** \_\_\_ Adult/Child AED **F=** \_\_\_ Infant CPR w/Mask  
 \_\_\_ Heartsaver First Aid, CPR, AED, Schools **\$5/ea**  
 \_\_\_ Heartsaver Instructor \_\_\_\_\_ ACLS Provider \_\_\_\_\_ PALS Provider  
 \_\_\_ Heartsaver Training Center Faculty \_\_\_\_\_ ACLS Instructor \_\_\_\_\_ PALS Instructor  
 \_\_\_ BLS Healthcare Provider \_\_\_\_\_ ACLS EP \_\_\_\_\_ PALS Training Center Faculty  
 \_\_\_ BLS Instructor \_\_\_\_\_ ACLS EP Instructor \_\_\_\_\_ PEARS Provider  
 \_\_\_ BLS Training Center Faculty \_\_\_\_\_ ACLS Training Center Faculty \_\_\_\_\_ PEARS Instructor  
 \_\_\_ Other: \_\_\_\_\_ Skills Check w/on-line Certificate: \_\_\_\_\_ BLS Challenge (Test and Skills Check) Guidelines Update: \_\_\_ BLS \_\_\_ ACLS \_\_\_ PALS

**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:** \_\_\_\_\_

**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 #:** \_\_\_\_\_  
**Instructor Email Address (REQUIRED):** \_\_\_\_\_

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 fees. Completed Student Evaluation forms, all student written examinations and Skills Testing Checklist are kept at Training Site.) Direct Bill sites will receive cards and business will be billed. 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: <b>ALL Heartsaver, effective 10/3/17</b> \$19.00	\$ 20.00
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

**All Heartsaver Schools Cards \$5**

Card Cost: \$ \_\_\_\_\_ X # Cards Requested: \_\_\_\_\_ = Amount Due: [ \$ \_\_\_\_\_ ]

**Make checks payable to: Mid-Carolina AHEC, Inc. Training Center**

**\*\*\* AHA Training Center \*\*\***  
**Mid-Carolina AHEC, Inc. Training Center**  
**PO Box 2049 (Mail to PO Box Only)**  
**1824 Hwy 9 By-Pass West**  
**Lancaster, SC 29721-2049**

**Billing Information for Designated Training Sites**

Agency Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Office Use Only**    **Date Roster Received:** \_\_\_\_\_    **Check#:** \_\_\_\_\_    **Date eCards E-Mailed:** \_\_\_\_\_    **Initials:** \_\_\_\_\_