

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

For Direct Bill Sites, 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: ALL Heartsaver, effective 10/3/17	\$19.00	\$ 20.00	ONLY Heartsaver Schools Cards \$5 All other Heartsaver Cards are \$20
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: \$ _____ X # Cards Requested: _____ = Amount Due: \$ _____			

Make checks payable to Mid-Carolina AHEC and mail to:
 Mid-Carolina AHEC Training Center
 1824 Hwy 9 By-Pass West
 PO Box 2049 **(Mail to PO Box Only)**
 Lancaster, SC 29721-2049

Billing Information for Direct Bill Sites

Agency Name: _____

Contact Person: _____

Address: _____

Phone #: _____

Office Use Only Date Roster Received: _____ Check#: _____ Date eCards E-Mailed: _____ Initials: _____

COURSE PARTICIPANTS



Date: _____ Course: _____ Location: _____ Instructor: _____

First Name, Last Name and Email Address Please PRINT name and email address LEGIBLY.	Address	Phone #	Hospital Employee (Y/N)	Complete/ Incomplete (Y/N)	Remediation Provided/Date Completed	Written Exam Score
1.						
Email						
2.						
Email						
3.						
Email						
4.						
Email						
5.						
Email						
6.						
Email						
7.						
Email						
8.						
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