

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:** **Designate Module(s) Taught** Child CPR/AED Infant CPR First Aid Written Test
 Heartsaver Instructor ACLS Provider PALS Provider
 Heartsaver Training Center Faculty ACLS Instructor PALS Instructor
 BLS Provider ACLS EP PALS Training Center Faculty
 BLS Instructor ACLS EP Instructor PEARS Provider
 BLS Training Center Faculty PEARS Instructor
 Other: _____ Skills Check w/on-line Certificat ACLS Training Center Faculty

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 are \$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: \$ 			<input type="checkbox"/> BLS Skills check: \$25 Total received: \$ _____

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 emailed: _____ Initials: _____