

Emergency Management Resources Advanced Course Roster "An Authorized Provider of American Heart Association ECC Courses"

Course Date _____ Name of Location _____ Course location/address including city, state, zip _____ Course Contact Name _____ Contact Phone No. _____

Sherrie C. Wilson

Director of Education

Lead Instructor Name and ID # _____

Instructor/Monitor Name and ID # _____

Instructor/Monitor Name and ID # _____

PLEASE PRINT CLEARLY!		PLEASE PRINT CLEARLY!		INSTRUCTOR USE ONLY!			
NAME	ADDRESS / CITY, STATE, ZIP	TELEPHONE NUMBER	E-MAIL	COMPLETED	REMEDIA TION SKILLS/W RITTEN	EXAM SCORE	DAY 2 INITIALS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Course Approval Number _____

Type of Course Taught _____

Manikin Student Ratio (1:1 1:2 1:3) _____

Total Number of Participants _____

Course Start Time _____

Course End Time _____

Total Hours of Instruction _____

Number of Cards to be Issued _____

Date Cards Issued _____