

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



Course Information

- Heartsaver CPR AED
 - Child CPR AED Infant CPR AED Exam
- Heartsaver First Aid CPR AED Heartsaver Total
 - Heartsaver Basic Child CPR AED Infant CPR AED Exam
- Heartsaver First Aid
 - Exam
- Heartsaver Pediatric First Aid CPR AED Adult CPR Exam
- Heartsaver for K-12 Schools
 - Child CPR AED Infant CPR AED First Aid Exam
- Heartsaver Instructor

Lead Instructor _____
 Lead Instructor ID# _____
 Card Expiration Date _____
 Training Center _____
 Training Center ID# _____
 Training Site Name (if applicable) _____
 Address _____
 City, State ZIP _____
 Course Location _____

Additional Course/Path Information

Course Start Date/Time	Course End Date/Time	Total Hours of Instruction
No. of Cards Issued	Student-Manikin Ratio	Issue Date of Cards

Assisting Instructors *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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 of Lead Instructor

Date

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> <small>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</small>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			