

**American Heart Association Emergency Cardiovascular Care Programs
Course Roster**

Course Information

- | | |
|---|---|
| <input type="checkbox"/> New Course | <input type="checkbox"/> Heartsaver CPR AED |
| <input type="checkbox"/> Renewal Course | <input type="checkbox"/> Heartsaver First Aid |
| <input type="checkbox"/> HeartCode ACLS | <input type="checkbox"/> Heartsaver First Aid CPR AED |
| <input type="checkbox"/> HeartCode BLS | <input type="checkbox"/> Heartsaver for K-12 Schools |
| <input type="checkbox"/> HeartCode PALS | <input type="checkbox"/> Heartsaver Instructor |
| <input type="checkbox"/> ACLS Provider | <input type="checkbox"/> ACLS Instructor |
| <input type="checkbox"/> BLS Provider | <input type="checkbox"/> BLS Instructor |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> PALS Instructor |
| <input type="checkbox"/> PEARS Provider | <input type="checkbox"/> PEARS Instructor |

Lead Instructor _____

Training Center University of Alabama at Birmingham

Training Center ID# AL05483

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State, Zip _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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

Date _____ Course _____ Lead Instructor _____

<i>Name</i> Please PRINT your name legibly for your CPR card.	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed (if applicable)</i>	<i>Course Test Score</i>
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Date _____ Course _____

Lead Instructor _____

<i>Name</i> <i>Please PRINT your name legibly for your CPR card.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed (if applicable)</i>	<i>Course Test Score</i>
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