

Facilitated Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ CPR in Schools With First Aid
- ☐ CPR and First Aid in Youth Sports
- ☐ CPR and First Aid Anywhere

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

Course Start Date/Time _____	Course End Date/Time _____
Student-Manikin Ratio _____	Total Hours of Instruction _____

Assisting Instructors			
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> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<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.			