

American Heart Association Emergency Cardiovascular Care Programs Heartsaver® Course Roster

Course Information (Choose one co	urse only)	T				
☐ Heartsaver CPR AED (optional topics lis ☐ Child CPR AED ☐ Infant CPR ☐ Written Test	Training (Training (Training Center Interior Region EMS Council, Inc.AK03066 Training Center ID# AK03066 Training Site Name (FMH only)				
☐ Heartsaver First Aid CPR AED (opt☐ Child CPR AED☐ Infant CPR☐ Written Test☐ Upper Copt☐	tional topics listed below)	Course LocationAddressCity, State ZIP				
☐ Heartsaver First Aid (optional topics liste ☐ Written Test	ed below)					
Course Start Date/Time	Course End Date/Time		Total Hours of Instructio	n		
No. of Cards to be Issued	Student-Manikin	Ratio	Issue Date of Ca	rds		
Assisting Instructors (Attach copy of ins	structor card for instructors aligned v	vith a TC other tha	in the primary TC)			
Name and Instructor ID#	Card Exp. Date	Name and Instr	uctor ID#	Card Exp. Date		
1.		5.				
2.		6.				
3.		7.				
3.4.I verify that this information is accurate a		8.				

Date	Course	Instructor

Course Participants

Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.		Home Mailing Address		Telephone	Complete/ Incomplete	Remediation/Date Completed (if applicable)	
1. First Name	Last Name						
Email	-	City	State	Zip Code			
2. First Name	Last Name						
Email		City	State	Zip Code			
3. First Name	Last Name						
Email		City	State	Zip Code			
4. First Name	Last Name						
Email		City	State	Zip Code			
5. First Name	Last Name						
Email		City	State	Zip Code			
6. First Name	Last Name						
Email		City	State	Zip Code			
7. First Name	Last Name						
Email		City	State	Zip Code			
8. First Name	Last Name						
Email	1	City	State	Zip Code			
9. First Name	Last Name						
Email		City	State	Zip Code			
10. First Name	Last Name						
Email	I	City	State	Zip Code			