

**American Heart Association Course Roster  
Trinity Health — Northland Affiliate**

<b>Instructor Name:</b>	<b>Address:</b>	<b>Zip Code:</b>	<b>Instructor ID#:</b>	<b>Day Phone:</b>	<b>Card Exp. Date:</b>

I certify that the information on this form is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines. During this course we used (how many) \_\_\_\_\_ Infant manikins, \_\_\_\_\_ child manikins, \_\_\_\_\_ adult manikins. I also certify that the AHA manikin decontamination procedures were followed.

\_\_\_\_\_  
Site of Course

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature of Lead Instructor

Course Number	Course Name	Total Students		Total Cards	Cost Per Card
		New	Renew		
1	Family & Friends <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant				NA
2	Heartsaver CPR AED <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Written Test				\$3.00
3	Heartsaver First Aid <input type="checkbox"/> Written <input type="checkbox"/> Yes <input type="checkbox"/> No				\$3.00
4	Heartsaver First Aid CPR AED/ <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Written Test				\$3.00
5	Healthcare Provider				\$3.00
6	BLS Instructor				\$5.00
7	ACLS				\$4.50
8	ACLS Instructor				\$5.00
9	PALS				\$4.50
10	PALS Instructor				\$5.00
11	Instructor Renewal <input type="checkbox"/> BLS <input type="checkbox"/> HS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS				\$5.00
12	PEARS				\$4.50
13	Other EMS Class: _____			NA	NA

Send completed roster, evaluations and payments for cards plus a \$4.00 roster fee to:

Community Ambulance Service  
PO Box 2195  
Minot, ND 58702-2195

Test answer sheets do not need to be sent along with roster as long as scores are entered on back of roster, however evaluations must be included with this roster.

PLEASE PRINT CLEARLY

	First Name	Last Name	Address	City	Zip Code	Phone	Trinity Emp.	Department (if Trinity)	New	Re- new	Course No.	Test Score
1							Y / N					
2							Y / N					
3							Y / N					
4							Y / N					
5							Y / N					
6							Y / N					
7							Y / N					
8							Y / N					
9							Y / N					
10							Y / N					
11							Y / N					
12							Y / N					
13							Y / N					
14							Y / N					
15							Y / N					
16							Y / N					