

**American Heart Association Emergency Cardiovascular Care Program
 Heartsaver AED
 Course Roster Form**

Course Information

Heartsaver AED Provider Course:

This course included the following Heartsaver AED core components:

- (Check all that apply) Adult CPR-AED
 Child CPR and Child AED
 Infant CPR

Lead Instructor _____

Status: BLS Instr. HS Instr. BLS IT BLS TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Manikin Ratio _____	Issue Date of cards _____

Assisting Instructors / Specialty Faculty *(Attach copy of instructor card for instructors aligned with other than primary TC)*

Name	Instr. card	Exp. Date	Module / Station	Name	Instr. card	Exp. Date	Module / Station
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 Heartsaver AED

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>CPR-AED Adult</i>	<i>CPR/AED Child</i>	<i>Infant CPR</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								