



Learn and Live

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

Course Information

- Heartsaver CPR AED**
 - Child CPR AED
 - Infant CPR
 - Written Test

- Heartsaver First Aid CPR AED**
 - Child CPR AED
 - Infant CPR
 - Written Test

- Heartsaver First Aid**
 - Written Test

Lead Instructor _____

Status: Heartsaver BLS HCP
 Status Renewal Date _____
 Training Center **National EMS Academy**
 Training Center ID# **LA 20741**
 Training Site Name (if applicable) _____
 Course Location _____
 Address _____
 City, State ZIP _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____
 No. of 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> | | | |
|---|----------------|-------------------------|----------------|
| Name and Instructor ID# | Card Exp. Date | Name and Instructor ID# | Card Exp. Date |
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| 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 _____

Course Participants

| <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>Address/Telephone</i> | <i>Complete/ Incomplete</i> | <i>Remediation/Date Completed (if applicable)</i> |
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