

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
 - Instructor
 - Provider

Lead Instructor _____

Status: HeartSaver BLS HCP

Status Renewal Date _____

Training Center _____

Training Center ID# _____

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 _____

(Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	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 _____