



Heartsaver eLearning Skills Session Roster

Authorized Provider
of CPR and ECC Courses



**American Heart Association Emergency Cardiovascular Care Programs
Heartsaver® eLearning
Skills Session Roster**

Course Information

- Heartsaver First Aid CPR AED Online Part 1
- Heartsaver First Aid Online Part 1
- Heartsaver CPR AED Online Part 1

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

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

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		3.	
2.		4.	

I verify that this information is accurate and truthful and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

Signature of Instructor

Date

- Provider Cards are to be paid via credit/debit card.
Call this number upon receipt of roster: _____
 - Provider Cards are to be invoiced to: _____
 - Provider Cards are to be mailed to address below. Enclosed is payment of \$ _____.
- Mailing address: _____

Office use only

Payment Received _____

Date received _____

Date Mailed _____

Instructor _____

Course Participants (Note: If you are performing multiple skills practice and testing sessions over multiple days, you may use 1 roster.)

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	<i>Address</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed</i> <i>Y or N</i>	<i>Remediation Date</i> <i>(if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							