



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 _____

Phone number _____ Email _____

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 _____

Assisting Instructors (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.		3.	
2.		4.	

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

- 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 _____

Date _____ Course _____ Lead Instructor _____

Course Participants

<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/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			