

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM  
HEARTSAVER FIRST AID/CPR/AED  
COURSE ROSTER FORM**

**Course Information**

New Course                       Renewal Course

Lead Instructor \_\_\_\_\_  
 Status:  BLS Instructor    HD Instructor    BLS TCP/PP  
 Status Renewal Date \_\_\_\_\_

Heartsaver Course- check all that apply

- CPR/AED
- FIRST AID/CPR/AED
- FIRST AID

Training Center \_\_\_\_\_ IC 334HG \_\_\_\_\_  
 Site Location Name \_\_\_\_\_

Max Min Course Length By \_\_\_\_\_

Course Evaluation Method \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total hours of instruction \_\_\_\_\_

# of Cards Issued \_\_\_\_\_ # of new Heartsaver Kits \_\_\_\_\_ Issue Date of cards \_\_\_\_\_

**Training Instructors/Spending Faculty (Attach copy of instructor card for instructors aligned with other than primary IC)**

Name of Issuer/Instructor Card expiration Date/Session

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

I certify that this information is accurate as of 1/1/16 and it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor \_\_\_\_\_