

# American Heart Association Emergency Cardiovascular Care Program Course Roster

Please print or type all information

<b>Course Information</b>	<input type="checkbox"/> <b>New Students</b>	<input type="checkbox"/> <b>Renewed Students</b>	<input type="checkbox"/> <b>On-Line Skills</b>
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**Type of Course:** (A separate roster must be completed for each course –check only one.) **Designate Module(s) Taught**

**Heartsaver First Aid, CPR, AED includes:** First Aid Basics: Medical, Injury, & Environmental Emergencies; Adult CPR AED (with a mask)  
**Optional Modules:**  Child CPR/AED  Infant CPR  Written Test

**Heartsaver CPR AED includes:** Adult CPR, AED (with a mask); Adult Choking;  
**Optional Modules:**  Child CPR/AED;  Infant CPR;  Written Test

**Heartsaver First Aid includes:** First Aid Basics; Medical, Injury and Environmental Emergencies **Optional Module:**  Written Test

**Heartsaver Pediatric First Aid: Modules:**  Pediatric First Aid  Asthma Care Video  Child/infant CPR  Adult/Child AED  Written Test

**BLS Healthcare Provider:**  BLS Instructor

**CPR Family & Friends**  Heartsaver Instructor

PALS  BLS Training Center Faculty

ACLS  ACLS Training Center Faculty

ACLS Instructor  PALS Training Center Faculty

PALS Instructor

Course Location: \_\_\_\_\_

Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_ Total Hours Instruction: \_\_\_\_\_

Number of Instructors: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Number of Manikins: \_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_ Infant \_\_\_\_\_

Number of Students who began course: \_\_\_\_\_ Number of Students who completed course: \_\_\_\_\_

**Instructor Information (Lead Instructor or Course Director)**

Instructor Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Instructor Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ TC Registration: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Assistant Instructor's Name	Instructor Card Expiration Date	Module/Station	List TC Affiliation, if you are not a member of this TC. (Attach a copy of your Instructor card. Both sides.)

**For additional BLS Instructors and all ACLS and PALS Courses, use attached sign –in sheet for assisting instructors**

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:** Course Director/Lead Instructor: \_\_\_\_\_

## AHA TRAINING CENTER INFORMATION

All AHA cards are mailed directly to the Lead Instructor/Course Director to address noted above.

Course cards will be issued to the Training Site Coordinator, Lead Instructor or Course Director upon receipt of completed Course Roster and payment of card fees. Completed Student Evaluation/Comment forms, all applicable student written examinations and skill performance evaluation sheets are to be submitted. It is the Instructor's responsibility for payment of card fees.

However, if any invoices are more than 60 days old, new card requests will be held until previous invoices are paid.

Card Fees: Heartsaver, First Aid/CPR	\$ 20.00	<input type="checkbox"/> Traditional Card
BLS Provider	\$ 5.00	
ACLS and PALS Provider	\$ 8.00	
All Instructor Cards	\$15.00	<input type="checkbox"/> E-Card
Replacement Cards-BLS/HS/ACLS	\$10.00/\$25.00/\$15.00	

**Card Cost:** \_\_\_\_\_ **Times # Cards Requested:** \_\_\_\_\_ = **Amount Due:** \$ \_\_\_\_\_

**Make checks payable to: Kadi Medical Services.**

<p style="text-align: center;">*** AHA Training Center ***</p> <p>Kadi Medical Services 348 Feaster Road Suite F Greenville, SC 29615</p>	<p><b>Mail Cards to:</b></p> <p>Agency Name: _____</p> <p>Contact Person: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>
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<b>Office Use Only</b>	Date Received: _____	Dated Entered: _____	Date Cards Mailed: _____
	Check #: _____	Entered/Mailed By: _____	