

American Heart Association Emergency Cardiovascular Care Program Course Roster

Please print or type all information

| | | | |
|--------------------|---------------------------------------|---|---|
| Course Information | <input type="checkbox"/> New Students | <input type="checkbox"/> Renewed Students | <input type="checkbox"/> On-Line Skills |
|--------------------|---------------------------------------|---|---|

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: ____ Total ____ Child CPR/AED ____ Infant CPR ____ Written Test

____ **Heartsaver CPR AED includes:** Adult CPR (with a mask), AED; 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 Provider _____ BLS Training Center Faculty

____ ACLS Provider _____ 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 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 #:** _____ **Email Address:** _____

Home/Mailing Address: _____

City/State/Zip: _____ **Cell 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 | \$ 22.00 |
| BLS Provider | \$ 7.00 |
| ACLS and PALS Provider | \$ 10.00 |
| All Instructor Cards | \$ 20.00 |

Card Cost: _____ **X # 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 style="text-align: center;">Mail Invoice/Ecodes to:</p> <p>Agency Name: _____</p> <p>Contact Person: _____</p> <p>Email: _____</p> <p>Phone #: _____</p> |
|---|--|

| | | | |
|------------------------|----------------------|--------------------------|--------------------------|
| Office Use Only | Date Received: _____ | Dated Entered: _____ | Date Cards Mailed: _____ |
| | Check #: _____ | Entered/Mailed By: _____ | |