American Heart Association Emergency Cardiovascular Care Program Course Roster

Please print or type all information

Course Information ☐ **New Students** ☐ **Renewed Students** ☐ **On-Line Skills**

Type of Course: **(A separate roster must be completed for each course)**

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**:
_____ **CPR Family & Friends**
_____ PALS Provider
_____ ACLS Provider
_____ ACLS EP Provider
_____ PALS Instructor

_____BLS Instructor
_____Heartsaver Instructor
_____BLS Training Center Faculty
_____ACLS Training Center Faculty
_____PALS Training Center Faculty

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 emailed directly to the student.

Course cards will be issued to the student at the email address provided.
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	$ 25.00
BLS Provider	$ 10.00
ACLS and PALS Provider	$ 13.00
All Instructor Cards	$ 25.00

Card Cost: _____ _ **X # Cards Requested:** _____ **= Amount Due:** **$**_____

Make checks payable to: Kadi Medical Services.

**** **AHA Training Center** ****
Kadi Medical Services
348 Feaster Road
Suite E
Greenville, SC 29615

Mail Invoice/Ecodes to:
Agency Name:_____
Contact Person: _____
Email: _____
Phone #: _____

Office Use Only **Date Received:** _____ **Date Cards emailed:**_____
Payment Received: _____ **Entered/Mailed By:** _____

Revised 1/1/2026