

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 –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	_____ Traditional Card
BLS Provider	\$ 5.00	
ACLS and PALS Provider	\$ 8.00	
All Instructor Cards	\$15.00	_____ E-Card
Replacement Cards-BLS/HS/ACLS	\$10.00/\$25.00/\$15.00	

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

Make checks payable to: Kadi Medical Services.

**** AHA Training Center ****

Mail Cards to:

Kadi Medical Services
348 Feaster Road
Suite F
Greenville, SC 29615

Agency Name: _____
Contact Person: _____
Address: _____
Phone #: _____

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