

Training site use only
 Received ___/___/___ Amt Paid \$_____
 Paid by: cash check credit billed waived
 # Cards Issued _____ Date ___/___/___



**American Heart Association Emergency Cardiovascular Care Program
 Course Roster**

- Heartsaver CPR Adult/Child Adult/Child/Mask
 Infant Infant Mask
 Heartsaver AED Adult Child Infant
 Heartsaver FA Adult Child Infant AED Env
 CPR for Family & Friends
 CPR in Schools
 BLS Healthcare Provider Initial Renewal
 Heartsaver Pediatric First Aid Adult/Child Adult/Child Mask
 Asthma Opt Infant Infant w/Mask

 BLS Instructor or HS Instr Initial Renewal
 ACLS Provider Initial Renewal
 ACLS Instructor Initial Renewal
 PALS Provider Initial Renewal
 PALS Instructor Initial Renewal
 Training Center Faculty Initial Renewal

PRINT OR TYPE

Training Site Name _____
 Course Location _____
 Lead Instructor _____ Tel# _____ email: _____
 Course Director/TCF _____
 Current AHA PALS/ACLS Physician Instructor Available
 Physician Name _____
 Manikins Decontaminated by _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____
 Student-to-Manikin Ratio _____ Pickup cards or send to: Street/PO _____
 Cards paid by : Cash Check Credit _____ City/state/zip _____

Assisting Instructors/Specialty Faculty (use additional sheet if necessary)

Name	Inst.	Card	Exp. Date	Module/Station	Name	Inst.	Card	Exp. Date	Module/Station
1.					5.				
2.					6.				
3.					7.				
4.					8.				

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 of Course Director /Lead Instructor _____ Date _____

Course Participants (use additional sheets if necessary)

Name (first, middle initial, last) Please PRINT your name as you wish it to appear on your card.	Address (or organization or employer)	Phone/email	First-Time Student	Written Score	Successfully completed performance	Remediation Provided Date Completed	Course Completed	Date Card Issued
1.			Y N				Y N	
2.			Y N				Y N	
3.			Y N				Y N	
4.			Y N				Y N	
5.			Y N				Y N	
6.			Y N				Y N	
7.			Y N				Y N	
8.			Y N				Y N	
9.			Y N				Y N	
10.			Y N				Y N	
11.			Y N				Y N	
12.			Y N				Y N	
13.			Y N				Y N	
14.			Y N				Y N	
15.			Y N				Y N	
16.			Y N				Y N	

Summary of Evaluations (attach to roster)

Name of Course: _____

Name of Coordinator or Lead Instructor: _____

Date of course: _____ Location: _____ Length: _____

1. Please describe your overall impression of this course:
_____ # Excellent _____ # Good _____ # Fair _____ # Poor

Comments: _____

2. The course presenters met the course objectives. _____ # Yes _____ # No

Comments: _____

3. There was an adequate supply of equipment that was clean, sanitary, and in good working order. _____ #Yes _____ #No
Were there enough manikins to allow you adequate skills practice? _____ # Yes _____ # No

Comments: _____

4. There were adequate and appropriate physical facilities for this course. _____ # Yes _____ # No

Comments: _____

5. Instructors presented the material with knowledge and clarity.
_____ # Excellent _____ # Satisfactory _____ # Needs Improvement

Comments: _____

6. Instructors provided adequate and helpful feedback.
_____ # Excellent _____ # Satisfactory _____ # Needs Improvement

Comments: _____

7. Course materials, including the appropriate AHA textbook, were made available before, during and after the course.
_____ # Yes _____ # No

Comments: _____

8. Additional comments and suggestions for future courses? _____