

**American Heart Association Emergency Cardiovascular Care Program  
Heartsaver First Aid CPR AED  
Course Roster Form**

**Course Information**

**Heartsaver First Aid CPR AED Provider Course:**

This course included the following Heartsaver Core components:

- First Aid
- Adult CPR AED
- Child CPR AED *(optional)*
- Infant CPR *(optional)*
- Written Exam *(optional)*

**Lead Instructor** \_\_\_\_\_

Status:  BLS Instr.     HS Instr.     BLS TCF/RF

Status Renewal Date: \_\_\_\_\_

Training Center \_\_\_\_\_

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

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Manikin Ratio _____	Issue Date of cards _____

<b>Assisting Instructors / Specialty Faculty</b> <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i>					
Name	Instr. card	Exp. Date	Name	Instr. card	Exp. Date
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 Lead Instructor

\_\_\_\_\_  
Date

DATE \_\_\_\_\_

COURSE **Heartsaver First Aid CPR AED**

INSTRUCTOR \_\_\_\_\_

***optional***

<i>FULL NAME PLEASE PRINT</i>	<i>Job Title</i>	<i>Department</i>	<i>VUNet ID</i>	<i>1<sup>st</sup> Aid Skills</i> <input checked="" type="checkbox"/>	<i>Adult CPR AED</i> <input checked="" type="checkbox"/>	<i>Child CPR AED</i> <input checked="" type="checkbox"/>	<i>Infant CPR</i> <input checked="" type="checkbox"/>	<i>Written Exam (optional)</i>	<i>Card Issued Y or N</i>
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