



**American Heart Association Emergency Cardiovascular Care Programs #TN20588**  
**We R CPR ,LLC 5959 Shallowford Rd Suite 227 Chattanooga, TN 37421**  
**423-553-0400 Fax 423-648-0530 info@wercpr.com**  
**Heartsaver® Course Roster**

**Course Information**

Heartsaver Family & Friends CPR/ AED  
 Child CPR AED    Infant CPR

Lead Instructor \_\_\_\_\_ ID# \_\_\_\_\_

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

Course Location \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_

Manikin Decontaminated by \_\_\_\_\_

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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 \_\_\_\_\_ Lead Instructor \_\_\_\_\_

**Course Participants**

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			