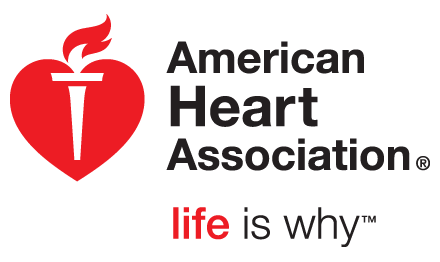
American Heart Association Emergency Cardiovascular Care Programs



We R CPR, LLC #TN20588 5959 Shallowford Rd Suite 227

Chattanooga, TN 37421 PH 423-553-0400 Fax 423-648-0530 info@wercpr.com

Heartsaver® Course Roster

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| --- | --- |
| **Course Information** |  |

**Heartsaver Adult CPR AED Lead Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child CPR AED (*optional*) Skills Session **Lead Instructor Status Renewal Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant CPR (*optional*) K-12

Written Test (*optional*)

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

**Heartsaver First Aid *And* Adult CPR AED** Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child CPR AED (*optional*)Heartsaver Total City, State ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant CPR (*optional*) Skills Session

Written Test (*optional*)K-12

**Heartsaver First Aid**

Written Test (*optional*) Skills Session

***\*If written test is given, please provide test scores.\****

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| *Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)* | |
| *Name and Instructor ID# Card Exp. Date* | *Name and Instructor ID# 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

***Heartsaver Course Roster February 2021, page 1***

**IN OFFICE USE ONLY**

Paid\_\_\_\_\_\_\_\_\_\_\_\_ Enrollware\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued\_\_\_\_\_\_\_\_\_\_ Codes Emailed\_\_\_\_\_\_\_\_\_\_

Eval \_\_\_\_\_\_\_\_\_\_\_\_ Received \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name and Email*  ***Please PRINT as you wish your name to appear on your card. Please print email address legibly.*** | *Home Address/Telephone* | *Complete/*  *Incomplete* | *Heartsaver Exam Score*  *(****optional****)*  *(provide scores here if exam is given \*passing score is 84% or higher)* | *Remediation Date Completed*  *(if applicable)*  *\*include remediated exam score here\** |
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