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.

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Signature of Lead Instructor Date

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**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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| 10. |  |   |   |  |
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