

**American Heart Association Emergency Cardiovascular Care Programs  
Heartsaver® Pediatric First Aid CPR AED  
Course Roster**

**Course Information**

**Heartsaver Pediatric First Aid CPR AED**

This course included these optional components:

- Adult CPR AED and Choking
- Asthma Care Training for Child Care Providers
- Use of a mask for child and infant CPR

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

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

Status Renewal Date June 2017

Training Center Response Institute CPR Consultants, Inc.

Training Center ID# NC20514

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

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

|  |  |  |
|--|--|--|
| Course Start Date/Time _____<br><small>(Actual Start Time)</small> | Course End Date/Time _____<br><small>(Actual End Time)</small> | Total Hours of Instruction _____<br><small>(Actual Hours Taught)</small> |
| *No. of Cards Issued _____   | Student-Manikin Ratio _____                                    | Issue Date of Cards _____  |

\* No. of Cards = number of students in class

| <i>Assisting Instructors/Specialty Faculty (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><br>Please <b>PRINT</b> as you wish your name to appear on your card. Please print email address legibly. | <i>Address/Telephone</i> | <i>Complete/Pass<br/>Incomplete</i> | <i>Remediation Date<br/>Completed<br/>(if applicable)</i> |
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| 8.   |                          |                                     |   |
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| 9.   |                          |                                     |   |
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| 10.  |                          |                                     |   |
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