

# Facilitated Course Roster

Emergency Cardiovascular Care Programs



## Course Information

- ☐ CPR in Schools With First Aid
- ☐ CPR and First Aid in Youth Sports
- ☐ CPR and First Aid Anywhere

Lead Instructor \_\_\_\_\_  
Lead Instructor ID# \_\_\_\_\_  
Card Expiration Date \_\_\_\_\_  
Training Center \_\_\_\_\_  
Training Center ID# \_\_\_\_\_  
Training Site Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Course Location \_\_\_\_\_

Course Start Date/Time _____	Course End Date/Time _____
Student-Manikin Ratio _____	Total Hours of Instruction _____

Assisting Instructors			
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

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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