

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



Course Information

- Heartsaver CPR AED
 - Child CPR AED Infant CPR Exam
 - Heartsaver First Aid CPR AED Child CPR AED Infant CPR
 - Exam Heartsaver Total Office Educator
 - Heartsaver First Aid
 - Exam
 - Heartsaver Pediatric First Aid CPR AED Adult CPR Exam
 - Heartsaver Pediatric Total Babysitter Water Safety
 - Heartsaver for K-12 Schools
 - Child CPR AED Infant CPR First Aid Exam
 - Heartsaver Instructor
- Additional Course/Path Information

Lead Instructor _____
 Lead Instructor ID# _____
 Card Expiration Date _____
 Training Center Lifesavers
 Training Center ID# NJ20314
 Training Site Name (if applicable) CPR Indianapolis
 Address 2201 East 46th Street, Suite 193
 City, State ZIP Indianapolis, IN 46205
 Course Location CPR Indianapolis

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

Assisting Instructor <i>(Attach copy of instructor 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

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<p style="text-align: center;"><i>Name and Email and Phone</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p>	<p style="text-align: center;">Skills Checks</p>	<p style="text-align: center;"><i>Complete/ Incomplete</i></p>	<p style="text-align: center;"><i>Remediation/Date Completed (if applicable)</i></p>
1.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
2.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
3.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
4.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
5.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
6.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
7.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
8.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
9.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		
10.	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR		
	<input type="checkbox"/> First Aid (if applicable)		