

AHA COURSE ROSTER

LifeSavers Version 2017

Course Date: _____ Total Hours: _____ Training Site: _____

Lead Instructor Name and ID #: _____

Assisting Instructors Name's and ID #: _____

Total # Passed: _____

Course Type	Modules <i>(Check all taught)</i>
BLS Provider	<input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver First Aid CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning <input type="checkbox"/> Pediatric
Heartsaver First Aid	<input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning

Comments (Document here if a participant did not pass and/or etc.)

*All information must be **PRINTED**.*

First Name (PRINT)	Last Name (PRINT)	Email Address	<i>HCP Test %</i>	Course Passed
1)				Y / N
2)				Y / N
3)				Y / N
4)				Y / N
5)				Y / N
6)				Y / N
7)				Y / N
8)				Y / N
9)				Y / N

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: _____ Course Completion Date: _____

Scan/Email to: lifesaversandy@gmail.com or Mail to: LifeSavers 2033 S. Skyline Dr. Burnsville, MN 55337

Roster 2 – **ONLY** needed for courses with *more* than 9 participants.

All information must be **PRINTED**.

First Name (PRINT)	Last Name (PRINT)	Email Address	HCP Test %	Course Passed
10)				Y/N
11)				Y/N
12)				Y/N
13)				Y/N
14)				Y/N
15)				Y/N
16)				Y/N
17)				Y/N
18)				Y/N
19)				Y/N
20)				Y/N
21)				Y/N
22)				Y/N
23)				Y/N
24)				Y/N
25)				Y/N
26)				Y/N
27)				Y/N
28)				Y/N
29)				Y/N
30)				Y/N

Signature of Lead Instructor: _____ Course Completion Date: _____

Scan/Email to: lifesaversandy@gmail.com or Mail to: LifeSavers 2033 S. Skyline Dr. Burnsville, MN 55337