

**American Heart Association Cardiovascular Care Program
BASIC LIFE SUPPORT COURSE ROSTER - 2010 GUIDELINES**

COURSE INFORMATION (A separate roster must be completed for each course)		New Students	#	Renewed Students #
Type of Course: (Check only one)	Indicate components included in the course: (Note: CPR includes choking procedures)			
<input type="checkbox"/> BLS for Healthcare Providers				
<input type="checkbox"/> Heartsaver CPR	<input type="checkbox"/> Adult/Child CPR	<input type="checkbox"/> Adult/Child CPR & Mask	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Infant CPR & Mask
<input type="checkbox"/> Heartsaver AED	<input type="checkbox"/> Adult/Child CPR	<input type="checkbox"/> Adult/Child AED	<input type="checkbox"/> Infant CPR	
<input type="checkbox"/> Heartsaver First Aid	<input type="checkbox"/> Adult/Child CPR	<input type="checkbox"/> Adult/Child AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Environmental
<input type="checkbox"/> Heartsaver Pediatric First Aid	<input type="checkbox"/> Adult/Child CPR	<input type="checkbox"/> Adult/Child AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Optional First Aid Topics <input type="checkbox"/> Asthma Care
<input type="checkbox"/> Heartsaver CPR in Schools	<input type="checkbox"/> Adult/Child CPR	<input type="checkbox"/> Adult/Child AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Adult/Child CPR & Mask <input type="checkbox"/> Infant CPR & Mask
<input type="checkbox"/> Family and Friends CPR				<input type="checkbox"/> Online Renewal Course - Skills Test Only
<input type="checkbox"/> Family and Friends First Aid	Check this box if any of the above courses were completed on-line and just the skills test given. Please include the candidate's course completion certificate with this roster.			
<input type="checkbox"/> Instructor Training	<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Heartsaver First Aid	<input type="checkbox"/> Heartsaver	<input type="checkbox"/> Heartsaver Pediatric First Aid

Course Location Name: _____	Note: Course location name will be listed on the card	Starting Time: _____
Address: _____	Course Start Date: _____	Ending Time: _____
City / State / Zip: _____	Course End Date: _____	Total Class Time: _____

Number of Manikins: Adult: _____ Child: _____ Infant: _____ Manikins Decontaminated By: _____

LEAD INSTRUCTOR INFORMATION	Send Cards to:	Home Address <input checked="" type="checkbox"/>	Work Address <input checked="" type="checkbox"/>
Complete Name: _____	Preferred E-Mail Address: _____		
Home Mailing Address: _____	Work Mailing Address: _____		
City / State / Zip: _____	City / State / Zip: _____		
Home Telephone Number: _____	Work Telephone Number: _____		

ASSISTANT INSTRUCTOR'S NAME	Instructor Card Expiration Date	Module / Station	List Training Center Affiliation. If you are not a member of this TC, please attach a copy of both sides of your instructor card.

MONITOR'S NAME	Monitor's Address / City / State / Zip	List Training Center Affiliation

Monitors, please (*) those instructors being monitored, complete an Instructor Monitoring Form, and attach it to this roster.

ALL AHA COURSE COMPLETION OR PARTICIPATION CARDS WILL BE MAILED TO THE LEAD INSTRUCTOR AT THE ADDRESS INDICATED ABOVE.

Course Completion or Participation cards will be issued to the Lead Instructor only upon receipt of a completed Course Roster, completed Student Evaluation - Comment Forms, all applicable Student Written Examinations and Skills Performance Sheets, and the complete payment of all card fees.

Card Fees:	BLS Healthcare Provider	\$ 5.00
	Heartsaver CPR	\$ 5.00
	Heartsaver AED	\$ 5.00
	Heartsaver First Aid	\$ 5.00
	Instructor Cards	\$10.00

Make checks payable to: **Piedmont Technical College**
 Number of Students _____ x Card Cost \$ _____ = Amount Due \$ _____

Please legibly complete both sides of this course roster and return it to the AHA Training Center listed below within **10 days** of the course completion date.

AHA TRAINING CENTER INFORMATION



**Piedmont Technical College
Attention: Malcolm Woodard
Post Office Box 1467
Greenwood, SC 29648-1467**

**Office: (864) 941-8412 or
1 (800) 868-5528 Extension 8412
Fax: (864) 941-8360
Email Address: woodard.m@ptc.edu**

PARTICIPANT LIST

DISCLAIMER: The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the organization.

***** PLEASE PRINT CLEARLY *** This roster must be complete and legible. An incomplete roster will be returned to the instructor.**

Name as you wish it to appear on your card. Please print clearly and legibly.	Mailing Address	City	State	Zip Code	Written Test Score	Remediated Test Score	Course Completed Yes No*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

In accordance with AHA Policy, courses must meet all AHA ECC course criteria before a course completion/participation card may be issued and the course referred to as an AHA course. Each student who successfully completes an AHA course must be issued the appropriate course card that bears the AHA logo.

*** If the participant did not successfully complete this course, please: (1) document the reason why the student was unable to complete the course, (2) document the remediation steps taken to educate the student, and (3) attach documentation to this roster for submission to the AHA Training Center.**

I verify that the above information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the AHA 2010 Guidelines.

Lead Instructor / Course Director's Signature:		Date:	
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FOR TRAINING CENTER USE ONLY

Training Center Coordinator's Signature:				Date:							
Received:		Check Number:		Entered:		Entered by:		Mailed:		Course Number:	