

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		One and two rescuer Adult, Child, and Infant CPR / AED must be taught. The written test must be administered.				
<input type="checkbox"/> Heartsaver First Aid		<input type="checkbox"/> First Aid	<input type="checkbox"/> Written Test			
<input type="checkbox"/> Heartsaver CPR / AED		<input type="checkbox"/> Adult CPR / AED	<input type="checkbox"/> Child CPR / AED	<input type="checkbox"/> Infant CPR		
<input type="checkbox"/> Heartsaver First Aid / CPR / AED		<input type="checkbox"/> First Aid	<input type="checkbox"/> Adult CPR / AED	<input type="checkbox"/> Child CPR / AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Written Test
<input type="checkbox"/> Heartsaver CPR / AED in Schools		<input type="checkbox"/> Adult CPR / AED	<input type="checkbox"/> Child CPR / AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> Written Test
<input type="checkbox"/> Family and Friends CPR		No card is issued.		<input type="checkbox"/> Online Renewal Course - Skills Test Only		
<input type="checkbox"/> Family and Friends First Aid		No card is issued.		Check this box if any of the above courses were completed by an on-line course and just the skills tests were given. Please include the candidate's course completion certificate for submission with this roster.		
<input type="checkbox"/> BLS Instructor Training		<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Heartsaver			
Course Location Name: _____		Note: The course location name will be listed on the card		Starting Time: _____ am / pm		
Address: _____		Course Start Date: _____		Ending Time: _____ am / pm		
City / State / Zip: _____		Course End Date: _____		Total Class Time: _____ hours		
Number of Manikins: Adult: _____ Child: _____ Infant: _____ Manikins Cleaned and Sanitized By: _____						

LEAD INSTRUCTOR INFORMATION		Send Cards To:		Home Address ✓	Work Address ✓	
Complete Name: _____		Workplace Name: _____				
Home Mailing Address: _____		Work Mailing Address: _____				
City / State / Zip: _____		City / State / Zip: _____				
Primary Telephone Number: _____		Work Telephone Number: _____				
Home Email Address: _____		Work Email Address: _____				
ASSISTANT INSTRUCTOR'S NAME		Instructor Card Expiration Date	Module / Station	List your 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 (1) a properly completed Course Roster; and from each student: (2) completed skills testing sheets, (3) exam answer sheets, (4) completed course evaluation forms; and (5) <u>the complete payment of all card fees</u> .		Card Fees: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">BLS for Healthcare Providers</td> <td style="width: 15%;">\$ 6.00</td> </tr> <tr> <td>Heartsaver CPR</td> <td>\$ 6.00</td> </tr> <tr> <td>Heartsaver AED</td> <td>\$ 6.00</td> </tr> <tr> <td>Heartsaver First Aid</td> <td>\$ 6.00</td> </tr> <tr> <td>Replacement Provider Card</td> <td>\$10.00</td> </tr> <tr> <td>BLS Instructor Cards</td> <td>\$12.00</td> </tr> </table>		BLS for Healthcare Providers	\$ 6.00	Heartsaver CPR	\$ 6.00	Heartsaver AED	\$ 6.00	Heartsaver First Aid	\$ 6.00	Replacement Provider Card	\$10.00	BLS Instructor Cards	\$12.00
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BLS Instructor Cards	\$12.00														
Make checks payable to: Piedmont Technical College		Please legibly complete both sides of this course roster and then return it to the AHA Training Center listed below within 10 days of the course completion date.													
Number of Students _____ x Card Cost \$ _____ = Amount Due \$ _____															

AHA TRAINING CENTER INFORMATION



Piedmont Technical College
 Attention: Deborah Hoffman
 Post Office Box 1467
 Greenwood, SC 29648-1467

Office: (864) 941-8426 or
 1 (800) 868-5528 Extension 8426
 Fax: (864) 941-8360
 Email Address: hoffman.d@ptc.edu

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 want it 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.							

* 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.

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.

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:

***** FOR AHA TRAINING CENTER USE ONLY *****				Roster by Chuck Plaxco
Training Center Coordinator's Signature:				Date:
Date Roster Received:		Date Data Entered:	Date Cards Mailed:	Roster Processed By: