PEDIATRIC FIRST AID | CPR AED CLASS ROSTER

Class Type (check one)

Pediatric First Aid

Blended Learning, Online & Child and Infant CPR AED Renewal Classroom Child, Infant, and Adult CPR AED Challenge Blended Learning, Online & RSV Pediatric First Aid | Child and Infant CPR **AED** Pediatric First Aid | Child, Infant, and Adult CPR AED **Instructor & Training Center (TC) Information** Primary Instructor: TCID#: Primary Instructor Registry #: Address: Primary Instructor Authorization Exp. Date: City, State: TC Name: Class Location: **Class Information** Class Start Date: # of Certification Cards Issued: Class End Date: Issue Date of Certification Cards: Total Hours of Instruction: Student to Manikin Ratio: **Assisting Instructors** Author. Expiration Date Instructor Name Registry # Instructor Name Registry # Students checked "complete" on the following page(s) successfully completed the required lessons and Performance Evaluations for the Class Type indicated above. This class was taught in accordance with the Training Center Standards as described in the most recent version of the HSI Training Center Administrative Manual (TCAM). Primary Instructor Signature: Date:

Class Format

Initial

Delivery Method

Traditional Classroom

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Class Participants					
#	Student Info (Please Print Clearly)			Complete?	Remediation Date
1	Participant Name:	Mailing Address:			
	Email:	J	Phone:		
2	Participant Name:	Mailing Address:			
	Email:	Phone:			
3	Participant Name:	Mailing Add	dress:		
	Email:	Phone:			
4	Participant Name:	Mailing Add	dress:		
	Email:		Phone:		
5	Participant Name:	Mailing Address:			
	Email:	Phone:			
6	Participant Name:	Mailing Address:			
	Email:	Phone:			
7	Participant Name:	Mailing Address:			
	Email:	Phone:			
8	Participant Name:	Mailing Address:			
	Email:	Phone:			
9	Participant Name:	Mailing Address:			
	Email:		Phone:		
10	Participant Name:	Mailing Address:			
	Email:		Phone:		