

#1 Instructor: Lead Instructor\_\_\_\_\_Assisting \_\_\_\_\_

#2 Instructor Candidate\_\_\_\_\_TCF/Monitor:\_\_\_\_\_

#3 Place a Check next to the Course Completed from the Options Below

#4 Complete All Course Details

Community - Family & Friends CPR Work Place - Heartsaver - Certification	Clinical Courses (Exam Required)	Course Details Complete all 6 Parts Below
Family & Friends Adult      Child      Infant ( participation card in manual)	BLS	Start Date:_____End Date:_____
Heartsaver CPR AED      Child      Infant	ACLS Provider	Initial      or      Update
Heartsaver First Aid Only:	ACLS EP Provider	Classroom      Blended      Course Monitoring
Heartsaver 1st Aid CPR/AED      Child      Infant	ASLS Provider	Start Time_____End_____
Heartsaver Pediatric First Aid   CPR/ AED	PALS Provider	Student Manikin Ratio _____/_____
Bloodborne Pathogens (Card In Manual)	PEARS Provider	TOTAL Number of Students: _____ Student / Instructor Ratio Up To    6:1
INSTRUCTOR ESSENTIALS COURSE:		Notes:

#5 Course Location \_\_\_\_\_City \_\_\_\_\_State\_\_\_\_\_

	PRINT NAME CLEARLY	Student Initials	Email Address	Mobile #	Exam Score	Skills
1						
2						
3						
4						
5						
6						
* 7						
8						
9						
10						

I verify this course followed all AHA Instructional  
Guidelines & all documented information is correct.

Instructor Signature: \_\_\_\_\_

Page 2 of the \_\_\_\_\_ Course Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

ASSISTING INSTRUCTOR 3 \_\_\_\_\_ Instructor 4 \_\_\_\_\_

	*PRINT NAME CLEARLY	Student Initials	Email Address	Mobile #	Exam Score	Skills
11						
12						
* 13						
14						
15						
16						
17						
18						
* 19						
20						
21						
22						
23						
24						



Sparks Medical Resources, LLC  
www.SMRTraining.com  
TS30798

Instructor Signature: \_\_\_\_\_

I verify this course followed all AHA Instructional Guidelines  
& all documented information is correct.