

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ Heartsaver CPR AED
☐ Child CPR AED ☐ Infant CPR AED ☐ Exam
- ☐ Heartsaver First Aid CPR AED ☐ Heartsaver Total
☐ Heartsaver Basic ☐ Child CPR AED ☐ Infant CPR AED ☐ Exam
- ☐ Heartsaver First Aid
☐ Exam
- ☐ Heartsaver Pediatric First Aid CPR AED ☐ Adult CPR ☐ Exam
- ☐ Heartsaver for K-12 Schools
☐ Child CPR AED ☐ Infant CPR AED ☐ First Aid ☐ Exam
- ☐ Heartsaver Instructor

Additional Course/Path Information

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center Heart & Soul, LLC

Training Center ID# MN 03784

Training Site Name (if applicable) _____

Address 8251 N Fawn Lake Rd NE

City, State ZIP Stacy, MN 55079

Course Location _____

Course Start Date/Time

Course End Date/Time

Total Hours of Instruction

No. of Cards Issued

Student-Manikin Ratio

Issue Date of Cards

Assisting Instructors *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

Date

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			