Please Return Roster To: **First Response of the Bluegrass, Inc.**
(859) 219-9799 - Office **828 Lane Allen Dr. Suite 180**
(859) 219-9790 – FAX **Lexington, KY 40504**
www.first-response.net **firstresponse@first-response.net**

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CT _____
NC _____
RC

American Heart Association®
Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program Course Roster

[ ] BLS Healthcare Provider	[ ] Initial	[ ] Renewal
[ ] BLS Instructor	[ ] Initial	
[ ] Bloodborne Pathogens	[ ] Initial	[ ] Renewal
[ ] First Aid Adult	[ ] Initial	[ ] Renewal
[ ] First Aid Peds	[ ] Initial	[ ] Renewal
[ ] Heart Saver CPR Family & Friends	[ ] Initial	[ ] Renewal
[ ] Heart Saver CPR in Schools	[ ] Initial	[ ] Renewal
[ ] Heart Saver CPR		
[ ] Adult [ ] Child [ ] Infant [ ] AED	[ ] Initial	[ ] Renewal
[ ] ASLS	[ ] Initial	[ ] Renewal
[ ] ACLS Provider	[ ] Initial	[ ] Renewal
[ ] ACLS Instructor	[ ] Initial	
[ ] ACLS EP Provider	[ ] Initial	[ ] Renewal
[ ] ACLS EP Instructor	[ ] Initial	
[ ] PALS Provider	[ ] Initial	[ ] Renewal
[ ] PALS Instructor	[ ] Initial	

Training Center Name: First Response of the Bluegrass, Inc.

Training Site Name _____

Course Location _____

Course Director _____

Lead Instructor _____

Last 4 digits of SS # _____

[ ] Current AHA PALS/ACLS Physician Instructor Available
Physician Name _____

Manikins Decontaminated by _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

Student to Manikin Ratio: _____ Number of Cards Issued _____ Was Every Student Issued a Card? YES NO

Assisting Instructors / Specialty Faculty PRINT YOUR NAME , IF WE CAN'T READ IT NO TEACHING CREDIT ! !					
Name	*Inst. Card Exp Date*	*last 4 digits of SS#*	*Name*	*Inst. Card Exp Date*	*last 4 digits of SS#*
1.			2.		
3.			4.		
5.			6.		
7.			8.		

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught within AHA guidelines.

Lead Instructor's Signature _____ Lead Instructor's PRINTED Name _____ **Date of course** _____ Email Address _____

Course Participants

American Heart Association®
life is why®

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

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