American Heart Association Emergency Cardiovascular Care Program Course Roster

Please Return Roster To:

First Response of the Bluegrass, Inc.
828 Lane Allen Dr. Suite 180
Lexington, KY 40504

(859) 219-9799 - Office
(859) 219-9790 – FAX
www.first-response.org
firstresponse@windstream.net

——OFFICE USE ONLY——

CT _____
NC _____
RC _____

Course options		
[ ] 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
[ ] ACLS Provider	[ ] Initial	[ ] Renewal
[ ] ACLS Instructor	[ ] Initial	[ ] Renewal
[ ] ACLS EP Provider	[ ] Initial	[ ] Renewal
[ ] ACLS EP Instructor	[ ] Initial	[ ] Renewal
[ ] PALS Provider	[ ] Initial	[ ] Renewal
[ ] PALS Instructor	[ ] Initial	

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

Training Site Name _____

Course Location _____

Lead Instructor _____
Last 4 digits of SS # _____

Course Director **(ACLS & PALS Only)** _____

[ ] Current AHA PALS/ACLS Physician Instructor Available **(ACLS & PALS Only)**
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#

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

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.				
5.				
6.				
7.				
8.				
9.				
10.				

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