



American Heart Association Emergency Cardiovascular Care Program

Roster Form – Heartsaver Courses

Course Options

- Heartsaver First Aid
- Heartsaver CPR AED: Child Infant
- Heartsaver First Aid CPR AED: Heartsaver Total Child Infant
- Heartsaver Pediatric FA CPR AED: Heartsaver Total Adult Asthma
- Heartsaver Pediatric First Aid

Class Style

- Instructor-Led
- Blended Learning

Course Start Date/Time: _____ Site: _____

Course End Date/Time: _____ City: _____

Total Hours of Instruction: _____ Student/Manikin Ratio: _____

Adult Manikins: _____

Child Manikins: _____

Baby Manikins: _____

Participants: _____

Passed: _____

Manikin/Instructor Ratio: _____

Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than UnityPoint Health CTC)

| | Instructor Name | Instr. Card Exp. Date | Module/Stations taught |
|-----------|-----------------|-----------------------|------------------------|
| Lead | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |
| Assisting | | | |

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

Signature of the Lead Instructor

Date