

American Heart Association Emergency Cardiovascular Care Program
HEARTSAVER / BASIC LIFE SUPPORT COURSE ROSTER

	NAME (PRINT CLEARLY)	Email Address (Required)	Phone	Test Score	Complete	Remed Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Basic Life Support

- On-Line Skills Check
- BLS Provider
- BLS Renewal

Heartsaver CPR/AED

- On-Line Skills Check
- Adult CPR/AED
- Child CPR/AED
- Infant CPR/AED
- Written Exam (Optional)

Heartsaver First Aid

- Heartsaver First Aid
- On-Line Skills Check
- Adult CPR/AED
- Child CPR/AED
- Infant CPR/AED
- Written Exam (Optional)

Pediatric First Aid

- Pediatric First Aid
- Asthma Care for Childcare Providers
- Child and Infant CPR/AED
- Adult CPR
- Written Exam (Optional)

Heartsaver for K-12 Schools

- Heartsaver 1st Aid
- Adult CPR/AED
- Child CPR/AED
- Infant CPR/AED

Specialty

- Instructor

Send all completed rosters to: Billings Clinic Training Center
 2800 Tenth Avenue North
 PO Box 37000
 Billings, MT 59107-7000

TC: Billings Clinic

Begin Date: _____

End Date: _____

Site: _____

Number of Students: _____

Number Completed: _____

Lead Instructor

Remediated: ___ Yes ___ No

Email Address: (Required)

Appropriate Ratio: ___ Yes ___ No

	Instructor Names (Lead & Assisting)		Inst. Expiration Date	Time In	Time Out	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Assisting Instructors/Specialty Faculty must attach a copy of their instructor card if aligned with Training Center other than the Billings Clinic.

Manikins were cleaned according to TC Manikin Cleaning Policy. (Initials)

Adult QTY:

Child QTY:

Infant QTY:

I verify this information is accurate and truthful, and that it can be verified. This course was taught in accordance with the current guidelines of the American Heart Association.

 Instructor Signature Date