

**2011 American Heart Association Emergency Cardiovascular Care Program Course Roster**

**Course Selection ( Select ONLY 1 COURSE )**

**Community CPR**

- CPR for Family & Friends  
 ( No Certification Card. Participation Card in Student Manual )

**Workplace CPR & First Aid Courses**

- Heartsaver CPR with AED     Child     Infant     Online
- Heartsaver First Aid Only     Online
- Heartsaver First Aid with CPR & AED     Child     Infant     Online
- Heartsaver Pediatric First Aid     CPR     AED     Online
- Bloodborne Pathogens ( Card in Student Manual )

**Healthcare Provider Courses**

- BLS Healthcare Providers     Initial     Renewal     Online
- ACLS Provider     Initial     Renewal     Online
- ACLS EP Provider     Initial     Renewal
- PALS Provider     Initial     Renewal     Online
- PEARS Provider     Initial     Renewal

**Instructor Programs**

- Heartsaver Instructor     Initial     Update
- BCLS Instructor     Initial     Update
- ACLS Instructor     Initial     Update
- PALS Instructor     Initial     Update

**Course Location**

Course Location \_\_\_\_\_

Course Date \_\_\_\_\_

Lead Instructor \_\_\_\_\_

Phone \_\_\_\_\_

Assisting Instructors: \_\_\_\_\_

Student to Manikin Ratio \_\_\_\_\_/\_\_\_\_\_

I verify that this course was taught following the current 2010 AHA Guidelines with the Current Instructor Support Material was used.

\_\_\_\_\_  
 Signature Date

**Certification Card Processing Information**

- Pickup Cards at ERTSS
- Mail Cards to Instructor (add \$1 shipping) Street/PO \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Cards Issued Onsite
- No Cards Needed

**Payment Information**

- Credit Card On File
- Call with CC Info
- Mailing Check
- P.O# \_\_\_\_\_

Please PRINT your name as you wish it to appear on your card.	Phone	Examination Score BCLS ACLS or PALS	Remediation Provided/Date Completed	Course Completed	Card Issued
<u>1.</u>				Y N	
<u>2.</u>				Y N	
<u>3.</u>				Y N	
<u>4.</u>				Y N	
<u>5.</u>				Y N	
<u>6.</u>				Y N	
<u>7.</u>				Y N	
<u>8.</u>				Y N	
<u>9.</u>				Y N	
<u>10.</u>				Y N	
11.				Y N	
12.				Y N	
13.				Y N	
14.				Y N	
15.				Y N	
16.				Y N	
17.				Y N	
18.				Y N	

## American Heart Association Emergency Cardiovascular Care Program Course Evaluation

**Instructions:** Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion.

1. Please describe your overall impression of this course:

Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

2. The course objectives were met by the course presenters.    Yes / No

Comments: \_\_\_\_\_

3. There was an adequate supply of equipment that was clean, sanitary, and in good working order.    Yes / No

Were there enough manikins to allow you adequate skills practice?    Yes / No

Comments: \_\_\_\_\_

4. There were adequate and appropriate physical facilities for this course.    Yes / No

Comments: \_\_\_\_\_

5. Instructors presented the material with knowledge and clarity.

Excellent    Satisfactory    Needs Improvement

Comments: \_\_\_\_\_

6. Instructors provided adequate and helpful feedback.

Excellent    Satisfactory    Needs Improvement

Comments: \_\_\_\_\_

7. The appropriate Course Video was used during the class.

Yes / No

Comments: \_\_\_\_\_