

American Heart Association Emergency Cardiovascular Care Program Course Roster

Course Listing (Select Only One Course). If multiple classes, complete 1 course roster for each class.

CPR & First Aid Courses

- Healthcare Provider Initial Renewal Online
- Heartsaver CPR Adult Child Infant Online
- Heartsaver AED Adult Child Infant Online
- CPR for Family & Friends Adult Child Infant
- CPR in Schools Adult Child Infant
- HS Adult First Aid CPR AED Environmental Online
- HS Pediatric First Aid CPR AED Environmental Online
- BloodBorne Pathogens Classroom Online

Course Location _____

Course Director _____

Lead Instructor _____ Phone _____

Manikins Decontaminated by _____

Current AHA PALS/ACLS Physician Instructor Available Yes / No

Physician Name _____

Advanced Courses

- ACLS Provider Initial Renewal Online
- ACLS EP Provider Initial Renewal
- PALS Provider Initial Renewal
- PEARS Provider Initial Renewal

Instructor Programs

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

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____
 Student-to-Manikin Ratio _____ Pickup cards or send to: Street/PO _____
 City/state/zip _____

Assisting Instructors/Specialty Faculty (use additional sheet if necessary)

<i>Name</i>	<i>Inst. Card</i>	<i>Exp. Date</i>	<i>Module/Station</i>	<i>Name</i>	<i>Inst. Card</i>	<i>Exp. Date</i>	<i>Module/Station</i>
1.				4.			
2.				5.			
3.				6.			

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

 Signature of Course Director/Lead Instructor

 Date

Name (first, middle initial, last) Please PRINT your name as you wish it to appear on your card.	Phone or E-mail	First-Time Student	Examination Score BCLS ACLS or PALS	Remediation Provided/Date Completed	Course Completed	Date Card Issued
1.		Y N			Y N	
2.		Y N			Y N	
3.		Y N			Y N	
4.		Y N			Y N	
5.		Y N			Y N	
6.		Y N			Y N	
7.		Y N			Y N	
8.		Y N			Y N	
9.		Y N			Y N	
10.		Y N			Y N	
11.		Y N			Y N	
12.		Y N			Y N	
13.		Y N			Y N	
14.		Y N			Y N	
15.		Y N			Y N	
16.		Y N			Y N	
17.		Y N			Y N	
18.		Y N			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. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. Yes No

Comments: _____