

ERTSS Multi Course Roster - ECards 3/8/24

#1 Instructor: Lead Instructor _____ Assisting _____

#2 Instructor Candidate _____ TCF/Monitor: _____

#3 Place a Check next to the Course Completed from the Options Below

#4 Complete All Course Details

Community - Family & Friends CPR Work Place - Heartsaver - Certification	Clinical Courses (Exam Required)	Course Details Complete all 6 Parts Below
Family & Friends Adult Child Infant (participation card in manual)	BLS	Start Date: _____ End Date: _____
Heartsaver CPR AED Child Infant	ACLS Provider	Initial or Update
Heartsaver First Aid Only:	ACLS EP Provider	Classroom Blended Course Monitoring
Heartsaver 1st Aid CPR/AED Child Infant	ASLS Provider	Start Time _____ End _____
Heartsaver Pediatric First Aid CPR/ AED	PALS Provider	Student Manikin Ratio _____ / _____
Bloodborne Pathogens (Card In Manual)	PEARS Provider	TOTAL Number of Students: _____ Student / Instructor Ratio Up To 6:1
INSTRUCTOR ESSENTIALS COURSE:		Notes:

#5 Course Location _____ City _____ State _____

#	PRINT NAME CLEARLY	Student Initials	Email Address	Mobile #	Exam Score	Skills
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I verify this course followed all AHA Instructional Guidelines & all documented information is correct.

Instructor Signature: _____

ASSISTING INSTRUCTOR 3 _____ Instructor 4 _____

	*PRINT NAME CLEARLY	Student Initials	Email Address	Mobile #	Exam Score	Skills
11						
12						
* 13						
14						
15						
16						
17						
18						
* 19						
20						
21						
22						
23						
24						

I verify this course followed all AHA Instructional Guidelines & all documented information is correct.

Instructor Signature: _____