



Seven Mountains EMS Council AHA Community Training Center

American Heart Association Emergency Cardiovascular Care Programs
Heartsaver®
Course Roster

Course Information

- Heartsaver CPR AED**
 - Child CPR AED Infant CPR
- Heartsaver First Aid CPR AED**
 - Child CPR AED Infant CPR Environmental
- Heartsaver First Aid**
 - Environmental

Lead Instructor _____

Lead Instructor ID # _____

Status Renewal Date _____

Training Center- Seven Mountains EMS Council

Training Center ID# 04997

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

 Signature of Lead Instructor

 Date

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
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7.			
8.			
9.			
10.			

Course Evaluation Summary – Indicate the number of responses received for each evaluation question & any general comments.

Reason for taking course: _____

1. Overall Course Impression: _____ Excellent _____ Good _____ Fair _____ Poor
2. Objectives Met: Yes No
3. Adequate Supplies Available: Yes No
4. Facilities were Appropriate: Yes No
5. Instructor(s) Knowledgeable & Clear _____ Excellent _____ Satisfactory _____ Needs Improvement
6. Instructor(s) Feedback _____ Excellent _____ Satisfactory _____ Needs Improvement
7. Course Materials were Adequate Yes No

Additional Comments: _____

I verify that this information is accurate and truthful, and that it may be confirmed. I also verify that the program indicated above was conducted in accordance with all applicable AHA policies and procedures including the AHA Course fees disclaimer. Rosters signed electronically will be maintained with the sending e-mail to verify authenticity of origin of document. Questions will be addressed to the lead instructor indicated.

Signature of Instructor

Date

COUNCIL USE ONLY:

Date Received: _____ Date Processed: _____ Invoice Number: _____

Paperwork Submitted: Student Grade Sheets Course Evaluations and/or Summary

Comments: _____