

Please Return Roster To:  
 (859) 219-9799 - Office  
 (859) 219-9790 - FAX  
 www.first-response.org

First Response of the Bluegrass, Inc.  
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 Lexington, KY 40504  
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CT \_\_\_\_\_  
 NC \_\_\_\_\_  
 RC \_\_\_\_\_



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

- BLS Healthcare Provider [ ] Initial [ ] Renewal
- BLS Instructor [ ] Initial [ ] Renewal
- Bloodborne Pathogens [ ] Initial [ ] Renewal
- First Aid Adult [ ] Initial [ ] Renewal
- First Aid Peds [ ] Initial [ ] Renewal
- Heartsaver CPR Family & Friends [ ] Initial [ ] Renewal
- Heartsaver CPR in Schools [ ] Initial [ ] Renewal
- Heartsaver CPR [ ] Initial [ ] Renewal
- [ ] Adult; [ ] Child; [ ] Infant; [ ] AED [ ] Initial [ ] Renewal
- ACLS Provider [ ] Initial [ ] Renewal
- ACLS Instructor [ ] Initial [ ] Renewal
- ACLS EP Provider [ ] Initial [ ] Renewal
- ACLS EP Instructor [ ] Initial [ ] Renewal
- PALS Provider [ ] Initial [ ] Renewal
- PALS Instructor [ ] Initial [ ] Renewal

Traning Center Name: \_\_\_\_\_  
 Training Site Name: \_\_\_\_\_  
 Course Location: \_\_\_\_\_  
 Course Director: \_\_\_\_\_  
 Lead Instructor: \_\_\_\_\_  
 Last 4 digits of SS # \_\_\_\_\_  
 [ ] Current AHA PALS/ACLS Physician Instructor Available  
 Physician Name: \_\_\_\_\_  
 Manikins Decontaminated by: \_\_\_\_\_

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/Specialty Faculty (PRINT YOUR NAME, IF WE CAN'T READ IT, NO TEACHING CREDIT!)**

Name	Instructor Card Exp. Date	Last 4 digits of SS#	Name	Instructor Card Exp. Date	Last 4 digits of SS#
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

\_\_\_\_\_  
 Printed Name of Lead Instructor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Lead Instructor Email Address

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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