

Course Information

Heartsaver CPR AED

Child CPR AED Infant CPR Exam

Heartsaver First Aid CPR AED

Child CPR AED Infant CPR Exam

Heartsaver First Aid

Exam

Heartsaver Pediatric First Aid CPR AED

Adult CPR Exam

Heartsaver Instructor

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 _____

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|------------------------------|-----------------------------|----------------------------------|
| 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

Course Participants

Date _____ Course _____ Lead Instructor _____

| <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> |
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Course Participants

Date _____ Course _____ Lead Instructor _____

| <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> |
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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: _____