

PLEASE SUBMIT ROSTER TO: EMS TRAINING CENTER
601 W. First Ave., Spokane, WA. 99201
(509) 242-4264 (866) 630-4033
AMERICAN HEART ASSOCIATION, NW AFFILIATE

BLS PROVIDER COURSE ROSTER: Please Mark the Appropriate Course & Modules

1. **HEALTHCARE PROVIDER:** (AED: Yes No) 2. **HEARTSAVER CPR:** Adult / Child / Infant add Mask
3. **CPR in SCHOOLS:** Adult / Child / Infant CPR add AED 4. **HEARTSAVER AED:** Adult / Child add Infant CPR
5. **HEARTSAVER FIRST AID:** Adult/Child CPR Adult/Child AED Infant CPR Environmental
6. **HEARTSAVER FIRST AID PEDS:** Asthma Care Optional Topics Adult/Child /Infant CPR Adult/Child AED
7. **CPR FOR FAMILY & FRIENDS**
Did Students receive cards from you during class? YES NO If not who and where do I mail cards?
Mail cards to _____

Course Date: _____ **Location:** _____ **Initial Course** _____ **or Renewal** _____

Start Time: _____ **End Time:** _____ **Total Hours of Instruction** _____

Student to Manikin Ratio: _____ **Students have the AHA book?** **Initials of who cleaned manikins** _____

Lead Instructor: _____ **Phone** _____

Other Instructors: _____

PLEASE PRINT LEGIBLY

<u>Student Name</u>	<u>Address</u>	<u>Zip</u>	<u>Phone</u>	<u>Course Completed Test Score</u>	<u>Course Remediated Test Score</u>
1. _____	_____	_____	_____		
2. _____	_____	_____	_____		
3. _____	_____	_____	_____		
4. _____	_____	_____	_____		
5. _____	_____	_____	_____		
6. _____	_____	_____	_____		
7. _____	_____	_____	_____		
8. _____	_____	_____	_____		
9. _____	_____	_____	_____		
10. _____	_____	_____	_____		

Please fill out this roster completely and return it with the student evaluations to the EMS Training Council within 10 days.

(Incomplete Rosters will be returned to the Instructor.)

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

Student Roster

Page ____ of ____

<u>Student Name</u>	<u>Address</u>	<u>Zip</u>	<u>Phone</u>	Course Completed	Course Remediated
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