

I need _____ blank cards for this roster.
(Attach an order sheet with form of payment.)

I need _____ printed cards for this roster.
(Attach an order sheet with form of payment.
Verify that all student names are legible.)

I do not need cards for this roster.

Southern Region EMS Council, Inc.
Training Center for AHA
www.sremsc.org

6130 Tuttle Place Anchorage, AK 99507-2041
907-562-6449 or 907-562-9893 (fax)
dpowell@sremsc.org

American Heart Association® Emergency Cardiovascular Care Program
Provider Course Roster

CHECK APPROPRIATE COURSE – CIRCLE MODULES TAUGHT

Training Center: Southern Region EMS Council

Training Site: Not Applicable BBAHC Chugiak FD SPH YKHC

Course City / Location / ZIP CODE: _____

Course Director (if applicable): _____
 If applicable, current AHA® ACLS or PALS physician instructor available during class

Physician Name: _____

Lead Instructor Name: _____
 Lead Instructor Expiration Date: _____
 Lead Instructor Phone: _____

Lead Instructor E-Mail: _____
 Has your address changed? Yes No

Manikins Decontaminated by: _____

Course Start Date and Time: _____

Student to Manikin Ratio _____ Total Hours of Instruction _____ Number of Students Passed _____

Current Student Workbook Used? Yes No List Workbook Name and PUBLICATION DATE _____

Student workbook out 7 days in advance? Yes No Current Student Exam Used (HCP, ACLS, PALS only)? Yes No List Exam Type, Month, Year published _____

<input type="checkbox"/> HEARTSAVER FIRST AID / CPR / AED <input type="checkbox"/> HEARTSAVER CPR IN SCHOOL <i>Adult/Child CPR and Choking Adult/Child AED</i>	<input type="checkbox"/> Initial <input type="checkbox"/> Initial <i>Infant CPR and Choking Adult/Child CPR with Mask</i>	<input type="checkbox"/> Renewal <input type="checkbox"/> Renewal <i>Infant CPR with Mask</i>
<input type="checkbox"/> HEARTSAVER CPR <i>Adult/Child CPR and Choking</i>	<input type="checkbox"/> Initial <i>Infant CPR and Choking Infant CPR with Mask</i>	<input type="checkbox"/> Renewal <i>Adult/Child CPR with Mask</i>
<input type="checkbox"/> HEARTSAVER AED <i>Adult/Child CPR with Mask and Choking</i>	<input type="checkbox"/> Initial <i>Adult/Child AED</i>	<input type="checkbox"/> Renewal <i>Infant CPR With Mask and Choking</i>
<input type="checkbox"/> HEARTSAVER FIRST AID <i>Adult First Aid Environmental Emergencies</i>	<input type="checkbox"/> Initial <i>Adult/Child CPR with Mask Adult/Child AED</i>	<input type="checkbox"/> Renewal <i>Infant CPR with Mask</i>
<input type="checkbox"/> HEARTSAVER PEDIATRIC FIRST AID <i>Pediatric First Aid Asthmas Care Training</i>	<input type="checkbox"/> Initial <i>Adult/Child CPR with Mask Adult/Child AED</i>	<input type="checkbox"/> Renewal <i>Infant CPR with Mask Optional Topics</i>
<input type="checkbox"/> BLS FOR HEALTHCARE PROVIDER	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS PROVIDER	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS EXPERIENCED PROVIDER		
<input type="checkbox"/> PALS PROVIDER	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal

Course End Date and Time: _____

Assisting Instructors and Specialty Faculty

Name	Phone	Training Center Affiliation	Module or Station Taught	Instructor Card Expiration

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 Course Director/Lead Instructor

Date

FOR OFFICE USE ONLY: RECEIVED _____ DATA ENTERED _____ COURSE # _____ 9/06

CARDS SENT _____ CARDS SENT VIA ___ P/U ___ Mail _____

Name: (<u>F I R S T</u> , <u>M.I.</u> <u>L A S T</u> Please PRINT your name IN ALL CAPS as you wish it to appear on your card.	Address Please include city and ZIP CODE	Phone	Examination Score	Skills Check Off Completed	Date skills check off completed	Remediation provided/ Date completed	Date Card Issued
1. _____ _____				Y N			
2. _____ _____				Y N			
3. _____ _____				Y N			
4. _____ _____				Y N			
5. _____ _____				Y N			
6. _____ _____				Y N			
7. _____ _____				Y N			
8. _____ _____				Y N			
9. _____ _____				Y N			
10. _____ _____				Y N			
11. _____ _____				Y N			
12. _____ _____				Y N			