

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

First Response of the Bluegrass, Inc.
828 Lane Allen Road Suite 180
Lexington, Kentucky 40504
firstresponse@windstream.net

-----OFFICE USE ONLY-----

CT _____
 NC _____
 RC _____



American Heart Association Emergency Cardiovascular Care Program Course Roster

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> BLS Healthcare Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> BLS Instructor | <input type="checkbox"/> Initial | |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> First-Aid Adult | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> First-Aid Pediatrics | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Heartsaver CPR Family & Friends | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Heartsaver CPR in Schools | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Heartsaver CPR | | |
| <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> AED | <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 Instructor | <input type="checkbox"/> Initial | |
| <input type="checkbox"/> ACLS EP Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS EP Instructor | <input type="checkbox"/> Initial | |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Instructor | <input type="checkbox"/> Initial | |

Training Center Name: First Response of the Bluegrass, Inc.

Training Site Name: _____

Course Location: _____

Course Director: _____

Lead Instructor: _____

Last 4 Digits of SS #: _____ / Manikins Decon'd By: _____

Current AHA PALS / ACLS Physician Instructor Available

Physician Name: _____

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

Student to Manikin Ratio: _____ Number of Cards Issued: _____ Was Every Student Issued a Card? YES NO

Assisting Instructors / Specialty Faculty PRINT YOUR NAME! IF WE CAN'T READ IT, NO TEACHING CREDIT!!!

Name	Inst. Card Expire Date	Last 4 Digits of SS#	Name	Inst. Card Expire Date	Last 4 Digits of SS#
1.			2.		
3.			4.		
5.			6.		

I verify that this information is accurate and truthful. I understand that this information is subject to audit. This course was taught within AHA guidelines.

 Lead Instructor's Signature

 Lead Instructor's PRINTED Name

 Date of Course

 Instructor Email Address

Course Lead Instructor:

Course Participants

<----- INSTRUCTOR USE ONLY ----->

Please PRINT LEGIBLY your name as you wish it to appear on your card.	Street Address City, State & Zip	Area Code & Phone	Have you had this class before?	Examination Score REQUIRED	Card Number REQUIRED	Course Completed?	Date Card Issued
1.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
2.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
3.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
4.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
5.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
6.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
7.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
8.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
9.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
10.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	

*Student taking this AHA course for the first time.