

American Heart Association Emergency Cardiovascular Care Program Course Roster for LMHS Training Center

Roster _____ of _____ (If Single Class Requires More Than One Roster)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> BLS "HCP" <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> On-Line <input type="checkbox"/> Challenge | | | |
| <input type="checkbox"/> HS AED | <input type="checkbox"/> Adult CPR With Mask and Choking - AED | OPTIONAL: <input type="checkbox"/> Child CPR & AED | OPTIONAL: <input type="checkbox"/> Infant CPR and Choking |
| <input type="checkbox"/> HS AED | <input type="checkbox"/> On-Line | | |
| <input type="checkbox"/> HS First Aid | <input type="checkbox"/> On-Line | | |
| <input type="checkbox"/> HS FA with CPR & AED | <input type="checkbox"/> Adult CPR With Mask and Choking & AED | OPTIONAL: <input type="checkbox"/> Child CPR & AED <input type="checkbox"/> Infant CPR | |
| <input type="checkbox"/> HS FA with CPR & AED | <input type="checkbox"/> On-Line | | |
| <input type="checkbox"/> CPR for Family & Friends | <input type="checkbox"/> Adult | <input type="checkbox"/> Infant | |
| <input type="checkbox"/> ACLS Provider | <input type="checkbox"/> Full Course | <input type="checkbox"/> Recertification | <input type="checkbox"/> On-Line <input type="checkbox"/> Challenge |
| <input type="checkbox"/> ACLS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> Full Course | <input type="checkbox"/> Recertification | <input type="checkbox"/> On-Line <input type="checkbox"/> Challenge |
| <input type="checkbox"/> PALS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> BLS Instructor | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> HS ONLY |
| <input type="checkbox"/> PEARS | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | |

| | |
|--|----------------|
| Fee Disclaimer was verbally stated? <input type="checkbox"/> YES | |
| Course Location: | |
| Lead Instructor Name: | Instructor ID# |
| Were Manikins Decontaminated Per Policy ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Course Start Date: | Start Time: |
| Course End Date: | End Time: |
| Total Hours of Instruction: | |
| Number of Participants that Successfully Completed the Course (on This Roster): | |

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 _____

| | |
|-----------------------|---------------------|
| Assisting Instructors | For Office Use Only |
| _____ | |
| _____ | |

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

| | |
|--|----------|
| <input checked="" type="checkbox"/> Cost for cards | \$ _____ |
| <input type="checkbox"/> Equipment fees (\$10 If not LMH Course) | \$ _____ |
| <input checked="" type="checkbox"/> Mouthpieces # _____ (0.25 each) | \$ _____ |
| <input checked="" type="checkbox"/> Total amount due: | \$ _____ |

Course Participants

HCP Written Exam – Indicate test SCORE – If remediated, indicate both scores. ALTERNATE VERSION MUST BE ADMINISTERED FOR REMEDIATION OF WRITTEN EXAM.

HS courses - Indicate "P" If skills checklist has been completed with no need for remediation.

If applicable, add remediation date

| Please PRINT Your Name as You Wish it to Appear on Your Card | Department (if LMH Employee) | Employee # (If LMH Employee) | Address (Required) and Phone Number (Optional) | Book Returned (If LMH Employee) | Written test Skills Tests | | Course Completed | Date Card Issued (For Office Use Only) |
|--|------------------------------|------------------------------|--|---------------------------------|---------------------------|--------|------------------|--|
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |
| | | | | Y / N | | R-Date | Y / N | |