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

	BLS "HCP"	□Initial	☐ Renewa	I		□ On-L	_ine	☐ Challenge	
	HS AED	PR With ad Choking -				PTIONAL: I Infant CPI	R and Choking		
	HS AED	☐ On-							
	HS First Aid	☐ On-	Line						
	HS FA with C	an	□Adult CPR With <i>Mask</i> and Choking & AED			OPTIONAL: ☐ Child CPR & AED ☐ Infant CPR			
	HS FA with C			-Line					
	CPR for Fami	ily & Frier	nds 🗆 Ad	ult		□ Infant			
	ACLS Provide	er 🗆 🛭	Full Course	□F	Recertifica	tion [On-Line	☐ Challenge	
	ACLS Instruc	tor 🗆	nitial	□F	Renewal				
	PALS Provider [☐ Full Course		☐ Recertification		☐ On-Line	☐ Challenge	
	PALS Instructor		Initial	□F	Renewal				
	BLS Instructor □ Ir		Initial		□ Renewal		☐ HS ONLY		
	PEARS □ Initia		Initial	☐ Renewal					
As	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									

Roster of (If Single	le Class Requires More Than One Roster)							
Fee Disclaimer was verball	y stated? ☐ YES							
Course Location:								
Lead Instructor Name:	Instructor ID#							
Were Manikins Decontaminated <u>Per Policy</u> ? ☐ Yes ☐ 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								
☑ Cost for cards □ Equipment fees (\$10 If not LMH C	\$ \$ Course)							
✓ Mouthpieces # (0.25 each)	\$							

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.

☑ 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 W ish 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	