

American Heart Association
Emergency Cardiovascular Care Programs
To Care Enough Course Roster

- Traditional Classroom Course Blended Learning Skills Session Instructor Course

Course Start Date _____	Course Start Time _____	Course End Date _____	Course End Time _____
Total Hours of Instruction _____	No. of Cards Issued _____	Student-Manikin Ratio _____	Date Cards Issued _____

- Heartsaver CPR AED**
 Child CPR AED Infant CPR Written Test
- Heartsaver First Aid CPR AED**
 Child CPR AED Infant CPR Written Test
- Heartsaver First Aid**
 Written Test
- Heartsaver Pediatric First Aid CPR AED**
 Adult CPR AED Written Test
- Heartsaver for K-12**
 Child CPR AED Infant CPR First Aid Exam
- BLS Course (instructor-led)**
 BLS Renewal Course (instructor-led)
 HeartCode BLS

Lead Instructor and IN ID# _____

Training Center Name and ID # To Care Enough CPR TX20736

Training Site Name (if applicable) _____

Course Location _____

Course Address _____

Course City, State, Zip _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

Course Participants

	<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.	Name:			
	Email:			
2.	Name:			
	Email:			
3.	Name:			
	Email:			
4.	Name:			
	Email:			
5.	Name:			
	Email:			
6.	Name:			
	Email:			
7.	Name:			
	Email:			
8.	Name:			
	Email:			
9.	Name:			
	Email:			
10	Name:			
	Email:			