



|                      |                       |                |
|----------------------|-----------------------|----------------|
| Lead Instructor:     | Phone:                | Email Address: |
| Lead Instructor ID#: | Card Expiration Date: |                |

|  |
|--|
| <b>Training Site Name (if applicable):</b> |
| <b>Training Site Full Address:</b>         |
| <b>Course Location:</b>                    |

**Type of Program:**

| <b>HEARTSAVER CPR AED</b><br>(Please check all that apply to class)  | <b>HEARTSAVER First Aid CPR AED</b><br>(Please check all that apply to class)  | <b>HEARTSAVER First Aid</b>   |
|--|--|-------------------------------|
| <input type="checkbox"/> Child CPR/AED<br><input type="checkbox"/> Infant CPR<br><input type="checkbox"/> Exam | <input type="checkbox"/> Heartsaver Total<br><input type="checkbox"/> Office<br><input type="checkbox"/> Educator<br><input type="checkbox"/> Exam | <input type="checkbox"/> Exam |

|                                   |
|-----------------------------------|
| Course Start Date/Time: _____     |
| Course End Date/Time: _____       |
| Total Hours of Instruction: _____ |
| Student-Manikin Ratio: _____      |

| <b>HEARTSAVER Pediatric First Aid CPR AED</b>  | <b>HEARTSAVER for K-12</b><br>(Please check all that apply to class)   | <b>HEARTSAVER Instructor</b><br>(Additional Course/Path Information) |
|--|--|--|
| <input type="checkbox"/> Adult CPR<br><input type="checkbox"/> Exam<br><input type="checkbox"/> Heartsaver Pediatric Total<br><input type="checkbox"/> Babysitter<br><input type="checkbox"/> Water Safety | <input type="checkbox"/> Child CPR/AED<br><input type="checkbox"/> Infant CPR<br><input type="checkbox"/> First Aid<br><input type="checkbox"/> Exam | <input type="checkbox"/> Heartsaver Instructor                       |

|                            |
|----------------------------|
| No. of Cards Issued: _____ |
| Issue Date of Cards: _____ |



The course for which you are enrolled may include physical strain, possibility for cross infection, and emotional stress. CPR is very strenuous both in practicing on the manikin and performing CPR on a cardiac arrest victim. If you have any medical conditions or cardiovascular disease history that may be aggravated by this course, please consult your physician as to whether you should participate in a CPR course. If you have any reservations about your ability to perform CPR on a cardiac arrest victim, you may want to reconsider taking this course. If you have recently had any infectious disease, including upper respiratory infection or open sores on your mouth and/or on hands, it is imperative to defer manikin practice.

**By filling in my name by hand, initialing by my typed name below I have acknowledged that I have read all the above statements and absolve the American Heart Association, its TCs, and instructors from any liability associated herewith. I do not currently have any infectious disease.**

|   | <b>Initial</b> | <b>Name</b> | <b>Address</b> | <b>Email</b> | <b>Exam Score</b> | <b>Status</b><br><i>C=Complete</i><br><i>I = Incomplete</i><br><i>R= Remediated</i> | <b>Remediation/<br/>Date Completed</b> |
|---|----------------|-------------|----------------|--------------|-------------------|---|--|
| 1 |                |             |                |              |                   |   |  |
| 2 |                |             |                |              |                   |   |  |
| 3 |                |             |                |              |                   |   |  |
| 4 |                |             |                |              |                   |   |  |
| 5 |                |             |                |              |                   |   |  |
| 6 |                |             |                |              |                   |   |  |
| 7 |                |             |                |              |                   |   |  |
| 8 |                |             |                |              |                   |   |  |
| 9 |                |             |                |              |                   |   |  |



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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|----|---------|------|---------|-------|-----------|---|--------------------------------|
| 10 |         |      |         |       |           |   |                                |
| 11 |         |      |         |       |           |   |                                |
| 12 |         |      |         |       |           |   |                                |
| 13 |         |      |         |       |           |   |                                |
| 14 |         |      |         |       |           |   |                                |
| 15 |         |      |         |       |           |   |                                |
| 16 |         |      |         |       |           |   |                                |
| 17 |         |      |         |       |           |   |                                |
| 18 |         |      |         |       |           |   |                                |



- *The Completed Course Roster must be submitted to EdCor within 14 days of the class. **For Students who have not yet met course completion requirements, a copy of their written examination answer sheet (if applicable) and skills performance sheet is attached to the roster.** For online courses, a copy of the on-line certificate and Critical Skills Testing Check List must be available by the Training Site or Instructor upon request at any time or sent to EdCor within 30 days of the course. Training sites are responsible for completing all required paperwork for each individual class. All class records must be maintained for 3 years and must be available to the TC and accessible as requested by the AHA.*

I, \_\_\_\_\_, verify that this course was taught in accordance with AHA guidelines. I have followed the AHA requirements in presentation and testing for this class and have used the AHA course materials. I verify that the information on this roster is accurate and truthful and that it may be confirmed.

(Course Director Signature)

Date:

(Valid Signature is accepted when full name is typed in above)

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



## Heartsaver Pathways Optional Topics Checklist

**Instructors:** Please complete the checklist below for participants who take the optional topics for the following course paths:

### Adult

- Heartsaver
- Office
- Educator

### Pediatric

- Heartsaver Pediatric
- Babysitter
- Water Safety

Check Table 4 in your instructor manual to determine whether the topics below are optional for each participant's course path. After completing this checklist, you will also need to select these topics for each participant's certificate. You may want to prepare and print your certificates before class.

### CPR AED

- How to Help an Adult with a Drug Overdose Emergency (Adult)
- Drug Overdose (Pediatric)
- Water Safety/Drowning

### First Aid Medical Emergencies

- Breathing Problems (Asthma) (Adult)
- Choking in an Adult, a Child, or an Infant (Adult)
- Fainting
- Diabetes and Low Blood Sugar
- Seizure

### First Aid Injury Emergencies

- Shock
- Bleeding from the Nose
- Bleeding from the Mouth
- Tooth Injuries
- Eye Injuries
- Penetrating and Puncturing Injuries

### First Aid Injury Emergencies (continued)

- Amputation
- Internal Bleeding
- Concussions
- Head, Neck, and Spine Injuries
- Broken Bones and Sprains
- Splinting
- Burns and Electrical Injuries
- Bites and Stings
- Heat-Related Emergencies
- Cold-Related Emergencies
- Poison Emergencies

### First Aid Prevention

- Risks of Smoking and Vaping
- Benefits of a Healthy Lifestyle
- Preventing Illness and Injury



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|----|---------|------|---------|-------|------------|--|--------------------------------|
| 19 |         |      |         |       |            |  |                                |
| 20 |         |      |         |       |            |  |                                |
| 21 |         |      |         |       |            |  |                                |
| 22 |         |      |         |       |            |  |                                |
| 23 |         |      |         |       |            |  |                                |
| 24 |         |      |         |       |            |  |                                |
| 25 |         |      |         |       |            |  |                                |
| 26 |         |      |         |       |            |  |                                |
| 27 |         |      |         |       |            |  |                                |