



Southern Region EMS Council
 6130 Tuttle Place
 Anchorage, AK 99507

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 www.sremsc.org



**American Heart Association Emergency Cardiovascular Care Programs
 Heartsaver
 Course Roster**

INSTRUCTOR: Ensure each section of this roster is completed legibly and submit original to SREMSC within (5) days of course completion.

Course Information

Heartsaver First Aid CPR AED
 Child CPR AED Infant CPR Written Exam Optiona

Assisting Instructor _____
 Renewal Date _____

Heartsaver CPR AED
 Child CPR AED Infant CPR Written Exam Optional

Training Center _____
 *List assisting instructors for courses with more than 6
 *Attach copy of instructor card for instructors not aligned with SREMSC
 Assisting Instructor Phone Number _____

Heartsaver First Aid student
 Written Exam Optional

Lead Instructor _____
 Renewal Date _____
 Course Location _____
 Instructor Phone Number _____

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Students Passed _____	Student-Manikin Ratio _____	Issue Date of Cards _____

Manikins Decontaminated by _____

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 _____

SREMSC Use Only: Class Number _____ Roster Received on Date _____ Issue Date of Cards _____

Date _____ Course _____ Lead Instructor _____

Course Participants

Print Name CLEARLY A fee will be charged for re-prints of cards!	Address/Phone Number	<i>Instructor use only</i> Score Complete/ Incomplete	<i>Remediation/Date</i> Completed <i>(if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			