

American Heart Association - Emergency Cardiovascular Care Program

Course Roster

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Heartsaver CPR/AED</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td rowspan="3" style="background-color: #00b0f0; color: white; text-align: center; vertical-align: middle;"> <b>HS CPR/AED</b>  <input type="checkbox"/> Adult   <input type="checkbox"/> Child  <input type="checkbox"/> Infant  <input type="checkbox"/> Written Test             </td> </tr> <tr> <td><input type="checkbox"/> Heartsaver CPR in the Schools</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> Friends &amp; Family CPR</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> Heartsaver First-Aid (may include CPR/AED)</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td rowspan="4" style="background-color: #90ee90; color: black; text-align: center; vertical-align: middle;"> <b>First Aid (plus)</b>  <input type="checkbox"/> Adult CPR/AED  <input type="checkbox"/> Child CPR/AED  <input type="checkbox"/> Infant CPR  <input type="checkbox"/> Written Test             </td> </tr> <tr> <td><input type="checkbox"/> Heartsaver First-Aid <i>PEDIATRIC SPECIFIC</i></td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> BLS Healthcare Provider</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> PEARS Provider Course</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> ACLS Provider Course</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PALS Provider Course</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Instructor: <input type="checkbox"/> BLS   <input type="checkbox"/> ACLS   <input type="checkbox"/> PALS</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Initial</td> <td><input type="checkbox"/> Renewal</td> <td></td> </tr> </table>	<input type="checkbox"/> Heartsaver CPR/AED	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<b>HS CPR/AED</b> <input type="checkbox"/> Adult   <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Written Test	<input type="checkbox"/> Heartsaver CPR in the Schools	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Friends & Family CPR	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Heartsaver First-Aid (may include CPR/AED)	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<b>First Aid (plus)</b> <input type="checkbox"/> Adult CPR/AED <input type="checkbox"/> Child CPR/AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Written Test	<input type="checkbox"/> Heartsaver First-Aid <i>PEDIATRIC SPECIFIC</i>	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> BLS Healthcare Provider	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> PEARS Provider Course	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> ACLS Provider Course	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		<input type="checkbox"/> PALS Provider Course	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		<input type="checkbox"/> Instructor: <input type="checkbox"/> BLS   <input type="checkbox"/> ACLS   <input type="checkbox"/> PALS	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		Training Center Name: <b>Spearfish Ambulance Service</b> Training Site Name: _____ Course Location: _____ Course Director: _____ Lead Instructor: _____ <div style="background-color: yellow; padding: 5px;"> <b>Required for ACLS or PALS courses ONLY</b>  <input type="checkbox"/> Current AHA PALS/ACLS Physician Instructor Available                      Physician Name: _____                 </div>
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Course Start Date/Time _____	Course End Date/Time _____	Total Hours _____
Student-to-manikin Ratio: _____	Number of Cards Issued: _____	Manikins Decontaminated By: _____
Mail Completed Cards To: _____	Bill To: _____	
	<input type="checkbox"/> Same as Mailing   <input type="checkbox"/> Payment sent with this roster	
Name: _____	Name: _____	
Address: _____	Address: _____	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	
E-Mail _____	E-Mail _____	

ASSISTING INSTRUCTORS / SPECIALTY FACULTY			
NAME	Inst Card	Exp Date	Module/Station
1)			
2)			
3)			
4)			
5)			

TRAINING CENTER USE ONLY:	
Course ID #: _____	
Date Roster Received: _____	Date Cards Printed: _____
Payment Method: _____	
# Cards Sent: _____	Date Cards Sent: _____

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 Course Director/Lead Instructor                      Date

**Instructors: Please submit all rosters online via [www.spearfishambulance.com/AHARoster](http://www.spearfishambulance.com/AHARoster)**  
 Spearfish Emergency Ambulance Service - 715 E Colorado Blvd - Spearfish, SD 57783

*American Heart Association - Emergency Cardiovascular Care Program*  
**Course Roster**

***Please Print Clearly***

<b><i>Please Print Clearly</i></b>						First Time Student	Course Completed	Exam Score	
Name	(First - Last)	Address & Email				Phone			
1		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
2		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
3		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
4		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
5		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
6		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
7		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
8		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
9		Address: Street	City	State	Zip		Y N	Y N	
		Email:							
10		Address: Street	City	State	Zip		Y N	Y N	
		Email:							