Send To: Training Concepts
473 East 161st Place
South Holland, IL 60473

American Heart Association Emergency Cardiovascular Care Program
Course Roster

☐ Initial ☐ Renewal

☐ Healthcare Provider
☐ Heartsaver CPR Adult/Child Infant AED
☐ First Aid Adult Pediatric F & F
☐ Family & Friends CPR
☐ Heartsaver CPR in Schools
☐ Skills Testing HCP First Aid HS AED
☐ Bloodborne Pathogens
☐ HCP Instructor / HS Instructor (TCF ONLY)

Training Center Name _____**Training Concepts**_____
Course Location _____
Lead Instructor _____Card Exp. Date _____

Manikins Decontaminated by _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

Student-to-Manikin Ratio _____ Number of Cards Issued _____

Assisting Instructors* *Attach copy of Instructor Card for instructors aligned with another TC*

Name	Inst. Card Exp. Date	Module/Station	Name	Inst. Card Exp. Date	Module/Station

I verify this information is accurate and truthful and that it can be confirmed. This course was taught in accordance with 2005 AHA guidelines.

_____ _____ _____
Signature of Lead Instructor **Phone** **Date**

REMEMBER TO KEEP A COPY OF THIS ROSTER FOR YOUR FILES & SEND THE ORIGINAL TO TRAINING CONCEPTS!