



**Stamford EMS Academy ~ CT20113
American Heart Association Emergency Cardiovascular Care Programs
Course Roster**

Course Information

- BLS for Healthcare Providers
- Heartsaver (Select Specific Course Below)
 - CPR AED First Aid Pediatric First Aid
 - CT Childcare Supplements
- ACLS PALS PEARS

Lead Instructor: _____

Course Location: _____

Address: _____

City, State, Zip: _____

Course Type

- New Course Renewal Course

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

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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 _____

Course Participants

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Print email address legibly.	<i>Address</i>	<i>Phone</i>	<i>Complete/ Incomplete</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			