

# Heartsaver® Course Roster

## Emergency Cardiovascular Care Programs

Return completed course materials within 10 business days to:  
 GEM-EMI, 2100 Mack Boulevard,  
 PO Box 4000, Allentown, PA 18105-4000



### Course Information

- Heartsaver CPR AED
  - Child CPR AED  Infant CPR  Exam
- Heartsaver First Aid CPR AED
  - Child CPR AED  Infant CPR  Exam
- Heartsaver First Aid
  - Exam
- Heartsaver Pediatric First Aid CPR AED
  - Adult CPR  Exam
- Heartsaver Instructor

Lead Instructor \_\_\_\_\_  
 Lead Instructor ID# \_\_\_\_\_  
 Card Expiration Date \_\_\_\_\_  
 Training Center \_\_\_\_\_  
 Training Center ID# \_\_\_\_\_  
 Training Site Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_  
 Course Location \_\_\_\_\_

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

### Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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

Rosters returned to EMI after 10 business days will be charged a late fee per EMI policy  
 Cards will be issued to the instructor within 20 business days of roster receipt in accordance with the AHA PAM

# Course Participants



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

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			