

Central MA EMS Corp. (508) 854-0111  
 361 Holden Street (508) 853-3672 fax  
 Holden, MA 01520 www.cmemsc.org  
 AHA Training Center ID# MA00690



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

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

**Course Information**

- Heartsaver CPR AED**  
 Options included:  Child CPR/AED  Infant CPR  Written test
- Heartsaver First Aid**  
 Options included:  Written test
- Heartsaver First Aid CPR AED**  
 Options included:  Child CPR/AED  Infant CPR  Written test

Course Location \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

- Instructions for card processing:  Bill Service/Department \_\_\_\_\_  Payment enclosed  
 Mail cards to Instructor  Mail cards to participants  Cards will be picked-up  Other \_\_\_\_\_

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

**Lead Instructor** \_\_\_\_\_

Status:  Basic Life Support (BLS)  Heartsaver (HS)

Renewal Date on Instructor card \_\_\_\_\_

**Assistant Instructor\*** \_\_\_\_\_

Status:  Basic Life Support (BLS)  Heartsaver (HS)

Renewal Date on Instructor card \_\_\_\_\_

**Assistant Instructor\*** \_\_\_\_\_

Status:  Basic Life Support (BLS)  Heartsaver (HS)

Renewal Date on Instructor card \_\_\_\_\_

*\*List Assistant Instructors only for courses with more than 6 students.  
 Attach copy of instructor card for instructors not aligned with CMEMSC*

\_\_\_\_\_  
 Date

**CMEMSC Use Only:** Date Received \_\_\_\_\_ TC Coordinator Approval \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_  PAID

**HS CPR AED**   
 **HS First Aid**   
 **HS First Aid CPR AED Date** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Student-Manikin Ratio** \_\_\_\_\_:\_\_\_\_\_

*Contact information is used only for processing cards and quality assurance; it will never be shared.*

Course Participant's Name PRINT CLEARLY-do <u>not</u> sign*	Full <u>Home</u> Address	Cell Phone & Email	<i>Instructor Use Only Complete/ Incomplete</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

\*A fee will be charged for cards that need to be reprinted due to illegibility.