

2010 COURSE ROSTER

LifeSavers Version 2010

For Each Class Completed, This Course Roster and the Participant List (Reverse Side)
MUST Be Returned Along With Course Evaluations to LifeSavers within 14 Days

1. COURSE COMPLETION DATE: _____ 2. TOTAL HOURS OF INSTRUCTION _____

3. PLEASE CHECK WHAT TYPE OF COURSE YOU INSTRUCTED:

Healthcare Provider

Heartsaver CPR (Check Modules Given)

Adult/Child CPR

Infant CPR

Heartsaver First Aid (Check Modules Given) First Aid Adult/Child CPR Adult/Child CPR & AED

Environmental

Infant CPR Skills

Pediatric First Aid

Heartsaver AED (Check Modules Given)

Adult/Child CPR & AED

Infant CPR

CPR for Friends and Family (Check Modules Given)

Adult/Child CPR

Infant CPR

4. NUMBER OF STUDENTS COMPLETING COURSE WHO WILL BE ISSUED A CARD: _____

*If a student is listed on the participant list but does not complete the course or get issued a card,
please make note of the reason why in the "Comments" section of this form or on an additional page.
Documentation of the remediation and evaluation steps taken to educate this student
should be included as to why the student was unable to complete the course.*

5. TRAINING SITE NAME OR LOCATION: _____

6. LEAD INSTRUCTOR: _____

7. ASSISTING INSTRUCTORS:

1. _____ 2. _____

8. WHO DECONTAMINATED THE MANIKINS: _____

9. COMMENTS (Use additional pages if necessary): _____

THIS FORM MUST REMAIN 2 SIDED TO BE VALID

PARTICIPANT LIST

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Please **Print** Your Name **Clearly** As You Wish It To Appear On Your Card
If Name Is Not Legible, A Fee Will Be Charged For A Replacement Card

Use Additional Sheets As Needed

| First Name | M | Last Name | Address or Company Site | Telephone (With Area Code) | HCP Exam Score % | Was Course Completed ¹ |
|------------|---|-----------|-------------------------|-------------------------------|---------------------------|---|
| 1. | | | | | | Y N |
| 2. | | | | | | Y N |
| 3. | | | | | | Y N |
| 4. | | | | | | Y N |
| 5. | | | | | | Y N |
| 6. | | | | | | Y N |
| 7. | | | | | | Y N |
| 8. | | | | | | Y N |
| 9. | | | | | | Y N |
| 10. | | | | | | Y N |

¹ If course was not completed, please make note as to why.

**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: _____

Course Completion Date: _____

Send This Form and Evaluations To: LifeSavers 2033 S. Skyline Drive Burnsville, MN 55337 952.890.6770