

# 2012 COURSE ROSTER

LifeSavers Version 2012

Course Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Training Site: \_\_\_\_\_

Lead Instructor and ID #: \_\_\_\_\_  
 \_\_\_\_\_

Assisting Instructors and ID #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total # Passed: \_\_\_\_\_

Course Type	Modules <i>(Check all taught)</i>
Healthcare Provider	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Heartsaver CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant
Heartsaver First Aid CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant
Heartsaver First Aid	<input type="checkbox"/> First Aid Only

Comments (Document here if a participant did not pass and/or etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

*All information must be **PRINTED** – If not legible, a fee will be charged for replacement card.*

First Name (PRINT)	Last Name (PRINT)	Telephone	HCP Test %	Course Passed
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
11)				Y / N
12)				Y / N

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: \_\_\_\_\_

Scan/Email to: [lifesaversandy@gmail.com](mailto:lifesaversandy@gmail.com) OR Mail to: LifeSavers 2033 S. Skyline Dr Burnsville, MN 55337

Roster 2 – **ONLY** needed for courses with *more* than 12 participants.

First Name (PRINT)	Last Name (PRINT)	Telephone	HCP Test %	Course Passed
13)				Y / N
14)				Y / N
15)				Y / N
16)				Y / N
17)				Y / N
18)				Y / N
19)				Y / N
20)				Y / N
21)				Y / N
22)				Y / N
23)				Y / N
24)				Y / N
25)				Y / N