

# AHA COURSE ROSTER

LIFESAVERS VERSION 2024

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

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

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

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

Course Type	Modules (Check all taught)
BLS Provider	<input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver First Aid CPR AED	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver First Aid	<input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning
Heartsaver <b>Pediatric</b> First Aid CPR AED	<input type="checkbox"/> Classroom <input type="checkbox"/> E-Learning

\*\* ALL AHA COURSES ARE VALID FOR 2 YEARS FROM THE MONTH AND YEAR OF COURSE \*\*

Comments (Document here if participant did not pass and / or etc.)

All information must be **PRINTED**.

First Name (PRINT)	Last Name (PRINT)	Email Address	BLS 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

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 / E mail to: [lifesaversandy@gmail.com](mailto:lifesaversandy@gmail.com)

Roster 2 – ONLY needed for courses with more than 10 participants.

All information must be ***DF-BH98*** "

First Name (PRINT)	Last Name (PRINT)	Email Address	BLS Test %	Course Passed
11 )				Y/N
12 )				Y/N
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
26 )				Y/N
27 )				Y/N
28 )				Y/N
29 )				Y/N
30 )				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)