



Date: _____

Course Type: _____

Lead Inst: _____

Conducted For: _____

Assist Inst: _____

Location: _____

Student /Manikin Ratio: ≤ 3:1

Course Duration: _____

Roster of

Please Print Clearly!

Print your name <u>Exactly</u> as you wish it to appear on your card	Phone # (Where you may best be contacted)	E-Mail Address:	<i>Exam Score</i>	<i>Skill Performance</i>
				<i>Sat / Unsat</i>
				<i>Sat / Unsat</i>
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				<i>Sat / Unsat</i>
				<i>Sat / Unsat</i>

I affirm that the above information is accurate, that this course conducted in accordance with AHA guidelines and that these statements are subject to verification.

Instructor Signature: _____

AHA Instructor #: _____

Date: _____

Is There A Life You Would Like To Save?