



**485 West Armory Drive, Suite A
South Holland, IL 60473
708-596-3155**

MAIL copy to Training Concepts
or **SCAN** to OFFICE@LRNCPR.COM
or **ENTER** Online at LRNCPR.COM

American Heart Association Course Roster -- KEEP ORIGINAL

Please mark the type of class taught, and if applicable, strike through any modules that were **NOT** completed.

- BLS Provider**
- BLS Provider Renewal**
- Heartsaver CPR AED** *Child CPR/AED Infant CPR Exam*
- Heartsaver FA/CPR/AED** *Child CPR/AED Infant CPR Exam*
- Heartsaver Adult First Aid only** *Exam*
- Heartsaver Ped FA/CPR/AED** *Adult CPR/AED Exam Asthma Care*
- Heartsaver K-12 Schools** *Child CPR/AED Infant CPR First Aid Exam*
- Family & Friends CPR**
- Bloodborne Pathogens**
- Instructor Course (TCF ONLY)** *BLS or HS New or Renewal*
- Blended Learning Skills Courses:
 - Heartcode BLS
 - HeartSaver **Check course below and circle optional modules completed.**
 - CPR/AED *child infant*
 - FA/CPR/AED *child infant*
 - First Aid only
 - K-12 Schools *child infant exam FA*
 - Pediatric FA/CPR/AED *adult CPR/AED asthma care*

Training Center Name Training Concepts, Inc.
 Course Location _____
 Lead Instructor _____
 Card Expiration Date _____
 Assisting Instructor _____

(If not aligned with Training Concepts, indicate training center name & include copy of instructor card)

Manikins Decontaminated by _____

Course Date _____ Start Time _____ End Time _____ Total Hours of Instruction _____
 Student-to-Manikin Ratio _____ Number of Cards Issued _____ per AHA Guidelines

I verify this information is accurate and truthful and that it can be confirmed and was taught in accordance with 2015 AHA guidelines.

Signature of Lead Instructor **Phone** **Date**