

SCAN to OFFICE@LRNCPR.COM or **FAX** to 708-596-1818 or **MAIL** copy to Training Concepts

American Heart Association Course Roster -- KEEP ORIGINAL

Please mark the type of class taught, and if applicable, strike the that were NOT completed.	hrough any modules	
□ BLS Provider		
□ BLS Provider Renewal		Training Center Name <u>Training Concepts, Inc.</u>
☐ Heartsaver CPR AED Child CPR/AED Infant Child CPR/AED	PR Exam	Course Location
☐ Heartsaver FA/CPR/AED Total Child CPR/AED	Infant CPR Exam	Lead Instructor
☐ Heartsaver Adult First Aid only Exam		Card Expiration Date
☐ Heartsaver Ped FA/CPR/AED Total Adult Example 1	am Asthma Care	Assisting Instructor
☐ 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	w or Renewal	
□ Blended Learning Skills Courses:		(If not aligned with Training Concepts, indicate
o Heartcode BLS o HeartSaver Check course below	ow and circle optional	training center name & include copy of instructor card
Attach AHA Online course completion certificate to roster. □ CPR/AED child infant □ FA/CPR/AED Total child infant □ First Aid only □ K-12 Schools child infant □ Pediatric FA/CPR/AED Total and	FA	Manikins Decontaminated by
ourse Date Start Time	End Time _	Total Hours of Instruction
Student-to-Manikin Ratio Numb	oer of Cards Issued	per AHA Guidelines
I verify this information is accurate and truthful and that it can	be confirmed and was ta	ought in accordance with 2020 AHA guidelines.
Signature of Lead Instructor	Phone	