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

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

Revised 03/2026

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**
- ☐ Heartcode BLS Blended Learning Skill Course
- ☐ **Heartsaver CPR AED** ***Child CPR/AED Infant CPR Exam***
- ☐ **Heartsaver FA/CPR/AED** ***Total Child CPR/AED Infant CPR Exam***
- ☐ **Heartsaver Adult First Aid only** ***Exam***
- ☐ **Heartsaver Ped FA/CPR/AED** ***Total Adult 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***
- ☐ Heartsaver Blended Learning Skills Course:

Attach AHA Online course completion certificate to roster.

Check course below and circle optional modules completed.

- ❑ CPR/AED *child infant*
- ❑ FA/CPR/AED *Total child infant*
- ❑ K-12 Schools *child infant FA*
- ❑ First Aid only
- ❑ Pediatric FA/CPR/AED *Total adult asthma*

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 2025 AHA guidelines.

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