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or FAX to 708-596-1818
or MAIL copy to Training Concepts

Revised 11/2025

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.

- Circle AHA Guidelines followed: 2020 2025
- ☐ **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: **Check course below and circle optional modules completed.**
- Attach AHA Online course completion certificate to roster.
- ☐ 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 2020 AHA guidelines.

Signature of Lead Instructor _____

Phone _____

Date _____