



Southern Regional Area Education Center

Training Center
 1601 Owen Drive, Fayetteville, NC 28304
 910-678-7286

American Heart Association Emergency Cardiovascular Care Program
Course Reporting Form



Please indicate type of course taught (check only **ONE** box) **Initial** **Renewal** **Online**

Basic Life Support Courses

- Healthcare Provider
- Healthcare Provider Fundamentals
- Heartsaver CPR
 - Adult/Child CPR & Choking
 - Infant CPR & Choking
 - Adult/Child CPR with Mask
 - Infant CPR with Mask
- Heartsaver AED
- CPR for Friends & Family
- CPR in the Schools
- Heartsaver First Aid- **Adult**
 - Adult First Aid
 - Environmental
 - Adult/Child AED
 - Adult/Child CPR
- Heartsaver First Aid-**Pediatric**
 - Pediatric First Aid
 - Optional
 - Asthma Care
 - Infant CPR
 - Adult/Child CPR
 - AED

- BLS Instructor
- Heartsaver Instructor
- Heartsaver First Aid Instructor

Advanced Cardiac Life Support Courses

- ACLS Provider
- ACLS EP Provider
- ACLS Instructor
- ACLS EP Instructor

Pediatric Advanced Life Support Courses

- PALS Provider
- PALS Instructor
- PEARS Provider

Core Instructor Curriculum

Start Date of Course: _____ **Start Time:** _____

End Date of Course: _____ **End Time:** _____

Total Hours of Instruction: _____

Student to Manikin Ratio: _____

Student to Instructor Ratio (max 9:1) _____

_____ **Completed the course out of a total of** _____
of participants # of participants

Training Site Location: _____

Course Director: _____

Lead Instructor: _____

Lead Instructor ID: _____ **Phone #** _____

Medical Director (ACLS EP only): _____

Manikins Decontaminated by: _____

Assisting Instructor Information			
Name	ID Number	Module/Station	Training Center Affiliation

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

This information will be returned to SR AHEC CTC within two weeks of the course taught.

 Signature of Course Director/Lead Instructor

PLEASE PRINT ALL INFORMATION

NAME	ADDRESS	PHONE	FIRST TIME STUDENT	EXAM SCORE	Remediation Date	Card Issued
1			Y N			Y N
2			Y N			Y N
3			Y N			Y N
4			Y N			Y N
5			Y N			Y N
6			Y N			Y N
7			Y N			Y N
8			Y N			Y N
9			Y N			Y N

Rosters Must be kept on file for 2 years