

American Heart Association Emergency Cardiovascular Care Program
Southern Regional AHEC Training Center

COURSE REPORTING FORM

Initial Course

Renewal Course

Online Course (Skills Check)

Basic Life Support (BLS) Course

BLS Provider/Healthcare Provider
HeartCode® BLS

Advanced Cardiac Life Support

ACLS Provider
ACLS EP Provider

Lead Instructor _____

AHA ID Number _____

Instructor Renewal Date _____

Heartsaver Courses

Heartsaver CPR AED

Child CPR AED
Infant CPR

Pediatric Advanced Life Support

PALS Provider
PEARS Provider

Course Start _____

Course End Date _____

Total Hours of Instruction _____

Time _____

Time _____

Heartsaver First Aid

Heartsaver First Aid CPR AED

Child CPR AED
Infant CPR

Instructor Courses

BLS Instructor
Heartsaver Instructor
ACLS Instructor
PALS Instructor
PEARS Instructor

Student-Manikin Ratio _____

of participants

Course Location _____

City, State _____

Student-Instructor Ratio (max 9:1) _____

Completed the course out of a total of _____

of participants

Heartsaver Pediatric First Aid CPR AED

Optional: Adult CPR AED & Choking

Medical Director (ACLS EP only) _____

Training Center Name & ID _____

Course Reporting Form(s) must be submitted within 2 weeks of the course date.

Assisting Instructors/Faculty Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

Name & Instructor ID#	Card Exp. Date	Training Center Affiliation	Name & Instructor ID#	Card Exp. Date	Training Center Affiliation
1			5		
2			6		
3			7		
4			8		

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

Signature of Lead Instructor

Date

No. of Cards Issued _____

Issue Date of Cards _____

Email Roster(s) To: heather.stewart@sr.ahec.org

Mail Roster(s) To: SR-AHEC, 1601 Owen Drive, Fayetteville NC 28304