

Heartsaver CPR AED Course Roster

Emergency Cardiovascular Care Programs



Topics Covered

Adult CPR AED
Child CPR AED
Infant CPR
Exam

Lead Instructor _____
Lead Instructor ID# & Exp. Date _____
Lead Instructor Email _____
Lead Instructor Phone Number _____
Training Center & ID# University of Rochester Medical Center NY04387
Training Site & ID# _____
Course Location _____
Address _____
City, State ZIP _____

Course Start Date _____	Course End Date _____	Total Hours of Instruction _____
Course Start Time _____	Course End Time _____	Student-Manikin Ratio _____

Assisting Instructors

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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

Course Participants

Heartsaver CPR AED

Adult CPR AED
Child CPR AED
Infant CPR
Exam



Date _____

Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Course Participants

Heartsaver CPR AED

Adult CPR AED
Child CPR AED
Infant CPR
Exam



Date _____

Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19			
20.			

Course Participants

Heartsaver CPR AED

Adult CPR AED
Child CPR AED
Infant CPR
Exam



Date _____

Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Heartsaver Pathways Optional Topics Checklist



Instructors: Please complete the checklist below for participants who take the optional topics for the following course paths:

Adult

- Heartsaver
- Office
- Educator

Pediatric

- Heartsaver Pediatric
- Babysitter
- Water Safety

Check Table 4 in your instructor manual to determine whether the topics below are optional for each participant's course path. After completing this checklist, you will also need to select these topics for each participant's certificate. You may want to prepare and print your certificates before class.

CPR AED

- ☐ How to Help an Adult With a Drug Overdose Emergency (Adult)
- ☐ Drug Overdose (Pediatric)
- ☐ Water Safety/Drowning

First Aid Medical Emergencies

- ☐ Breathing Problems (Asthma) (Adult)
- ☐ Choking in an Adult, a Child, or an Infant (Adult)
- ☐ Fainting
- ☐ Diabetes and Low Blood Sugar
- ☐ Seizure

First Aid Injury Emergencies

- ☐ Shock
- ☐ Bleeding From the Nose
- ☐ Bleeding From the Mouth
- ☐ Tooth Injuries
- ☐ Eye Injuries
- ☐ Penetrating and Puncturing Injuries

First Aid Injury Emergencies (continued)

- ☐ Amputation
- ☐ Internal Bleeding
- ☐ Concussions
- ☐ Head, Neck, and Spine Injuries
- ☐ Broken Bones and Sprains
- ☐ Splinting
- ☐ Burns and Electrical Injuries
- ☐ Bites and Stings
- ☐ Heat-Related Emergencies
- ☐ Cold-Related Emergencies
- ☐ Poison Emergencies

First Aid Prevention

- ☐ Risks of Smoking and Vaping
- ☐ Benefits of a Healthy Lifestyle
- ☐ Preventing Illness and Injury