

Family & Friends Course Roster

Emergency Cardiovascular Care Programs



Topics Covered

Adult Hands-Only CPR and AED
Adult CPR With Breaths (Optional)
Mild and Severe Airway Block:
How to Help a Choking Adult (Optional)
Child CPR and AED (Optional)
Mild and Severe Airway Block:
How to Help a Choking Child (Optional)
Infant CPR (Optional)
Mild and Severe Airway Block:
How to Help a Choking Infant (Optional)

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

Family & Friends Course Roster



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.			
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6.			
7.			
8.			
9.			
10.			

Course Participants

Family & Friends Course Roster



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.			
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18.			
19			
20.			

Course Participants

Family & Friends Course Roster



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.			
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