

Heartsaver Bloodborne Pathogens Course Roster

Emergency Cardiovascular Care Programs



Topics Covered

Heartsaver Bloodborne Pathogens Course

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 Bloodborne Pathogens 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.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Course Participants

Heartsaver Bloodborne Pathogens 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.			
13.			
14.			
15.			
16.			
17.			
18.			
19			
20.			

Course Participants

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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.			