

Heartsaver Bloodborne Pathogens Course Roster

Emergency Cardiovascular Care Programs



Course Information

☐ Heartsaver Bloodborne Pathogens Course

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

Course Start Date/Time _____

Course End Date/Time _____

Total Hours of Instruction _____

No. of Cards Issued _____

Student-Manikin Ratio _____

Issue Date of Cards _____

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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



Date_____ Course_____ Lead Instructor_____ Lead Instr. ID#_____

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