



**AUTHORIZED
TRAINING
CENTER**



**OSF
HEALTHCARE**



East Central Illinois EMS

Phone: 217-359-6619

BLS CPR Course (\$3.00/Card)

Course Options: (Circle one)

Initial Course Renewal Course

Heartcode® (Circle one)

Instructor-Led VAM

ACLS Course (\$7.00/Card)

Course Options: (Circle one)

Initial Course Renewal Course

Heartcode® (Circle one)

Instructor-Led VAM

PALS Course (\$7.00/Card)

Course Options: (Circle one)

Initial Course Renewal Course

Heartcode® (Circle one)

Instructor-Led VAM

Heartsaver® Course (\$17.00/Card)

Course Options: (Circle all that apply)

First Aid CPR/AED

Infant Child

Heartsaver® for K12 School COPPA?

Date: _____

Time: Start _____ End _____

Location of Class: _____

Training Site Name: _____

Student to Manikin Ratio (3:1 max): _____

Number of Students (max 9:1 Instructor): _____

Billing Contact:

Name: _____

Address: _____

Phone Number: _____

Lead Instructor: _____

Assisting Instructor (s): _____

By signing this roster, I attest as the lead instructor to the fact that all students on this roster received all materials necessary for course completion per AHA Policy.

Signature: _____

Course Statement: **ALL STUDENTS PLEASE READ BEFORE SIGNING**

I am aware that the class in which I am enrolled may include physical strain, emotional stress, and a possible cross infection from manikin practice. BLS skills are hard work and I am aware that cardiac, pulmonary, knee, back, and other health problems may be aggravated by practicing on the manikins, providing resuscitation for victims, or demonstrating skills in class. I have been asked to seek medical care if I am unsure if I am medically fit for training. I realize that it is imperative that I defer from practice if I have, or recently suffered from and infectious disease, including respiratory or open sores of the mouth. To acknowledge that I have been so informed I release AHA, this Training center or training site and instructors from any liability resulting in participation in this course. The AHA strongly promotes knowledge and proficiency in basic and advanced life support and has developed instructional materials for this purpose. Use of these materials does not represent sponsorship by the AHA, and fees charged do not represent income to the AHA.

Instructor Only

Name ****Please Print****	Email Address	Phone	Signature	Complete	Test Score
1 ----- Age: Race: Gender:					
2 ----- Age: Race: Gender:					
3 ----- Age: Race: Gender:					
4 ----- Age: Race: Gender:					
5 ----- Age: Race: Gender:					
6 ----- Age: Race: Gender:					
7 ----- Age: Race: Gender:					
8 ----- Age: Race: Gender:					
9 ----- Age: Race: Gender:					
10 ----- Age: Race: Gender:					