



Lead Instructor's Name: _____
Lead Instructor's Email: _____
Lead Instructor ID #: _____
Lead Instructor Expiration Date: _____
Lead Instructor's TC / TS: _____

DISCLAIMER: The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees for such a course, except for a portion of fees needed for AHA. course materials, do not represent income to AHA.

BLS Provider: Initial _____	Renewal _____	Total Number of Students: _____	Course Format: Instructor Led _____ eLearning _____
Heartsaver First Aid CPR AED: _____			Course Location: _____
Heartsaver CPR AED: _____			Course Start Date: _____
Heartsaver First Aid: _____			Course End Date: _____
Heartsaver Pediatric First Aid CPR AED: _____			Course Start Time: _____
Heartsaver for K - 12 Schools: _____			Course End Time: _____
Bloodborne Pathogens: _____			

To ensure your card is completed and emailed correctly, PLEASE PRINT NEATLY. There is a fee for reprints.

Admin Use Only

Name	Email	Phone	Score	Claimed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Instructor Signature	Date	/ _____	
_____	_____	_____	
Assisting Instructor: _____	Name _____	Instructor ID _____	Expiration Date _____
Assisting Instructor: _____	Name _____	Instructor ID _____	Expiration Date _____