



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 Pathogenes: _____		

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	_____ / _____ Date cards sent / Initials
_____ Assisting Instructor:		_____ Name	_____ Instructor ID
_____ Assisting Instructor:		_____ Name	_____ Expiration Date