

**American Heart Association Course Roster
Trinity Health — Northland Affiliate**

Instructor Name:	Address:	Zip Code:	Instructor ID#:	Day Phone:	Card Exp. Date:

I certify that the information on this form is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines. During this course we used (how many) _____ infant manikins, _____ child manikins, _____ adult manikins. I also certify that the AHA manikin decontamination procedures were followed.

Course Number	Course Name	Date Completed	Signature of Lead Instructor	Total Students		Total Cards	Cost Per Card
				New	Renew		
1	Family & Friends <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant						NA
2	Heartsaver CPR AED <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Written Test						\$17.00
3	Heartsaver First Aid <input type="checkbox"/> Written <input type="checkbox"/> Yes <input type="checkbox"/> No						\$17.00
4	Heartsaver CPR/AED/First Aid <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Written Test						\$17.00
5	Peds Heartsaver CPR/AED/First Aid <input type="checkbox"/> Peds FA <input type="checkbox"/> Written Exam <input type="checkbox"/> Child/Infant CPR AED <input type="checkbox"/> Asthma Care <input type="checkbox"/> Adult CPR AED						\$17.00
6	Healthcare Provider						\$4.00
7	BLS Instructor						\$10.00
8	ACLS						\$6.00
9	ACLS Instructor						\$10.00
10	PALS						\$6.00
11	PALS Instructor						\$10.00
12	Instructor Renewal <input type="checkbox"/> BLS <input type="checkbox"/> HS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS						\$10.00
13	PEARS						\$6.00
14	Other EMS Class: _____						NA

Items to include with roster:
 *Roster
 *Fee
 *Evaluations

Send completed roster, evaluations and payments for cards plus a \$10.00 roster fee to:

Trinity Health / Community
 Ambulance Service
 One Burdick Expressway W.
 Minot, ND 58701

Test answer sheets do not need to be sent along with roster as long as scores are entered on back of roster, however evaluations must be included with this roster.

Fee Disclaimer for American Heart Association courses:
 Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.

PLEASE PRINT CLEARLY

First Name	Last Name	Address	City	Zip Code	Phone	Trinity Emp.	Department (if Trinity)	New	Re-new	Course No.	Test Score
1						Y/N					
2						Y/N					
3						Y/N					
4						Y/N					
5						Y/N					
6						Y/N					
7						Y/N					
8						Y/N					
9						Y/N					
10						Y/N					
11						Y/N					
12						Y/N					
13						Y/N					
14						Y/N					
15						Y/N					
16						Y/N					