

# Family & Friends Course Roster

Emergency Cardiovascular Care Programs



## Course Information

- Adult Hands-Only CPR and AED
- Adult CPR With Breaths (Optional)
- Mild and Severe Airway Block: How to Help a Choking Adult (Optional)
- Child CPR and AED (Optional)
- Mild and Severe Airway Block: How to Help a Choking Child (Optional)
- Infant CPR (Optional)
- Mild and Severe Airway Block: How to Help a Choking Infant (Optional)

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>
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# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

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