

The Carlson Consulting Group
 An AHA-Designated Community Training Center (CTC)
 4525 130th Ave. SE
 Bellevue, WA 98006
 425-943-0057 / FAX 425-943-0059

Course Record

(This form should be attached to the course participant list)

Type of Course (select appropriate)

- | | | |
|---|------------------------------|----------------------------------|
| <input type="checkbox"/> ACLS Provider* | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> BLS Healthcare Provider | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> BLS Instructor | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> CPR for Family & Friends | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> BLS Heartsaver CPR | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> BLS Heartsaver AED/FACTS | <input type="checkbox"/> New | <input type="checkbox"/> Renewal |

* If the course is a combination initial and renewal course, please submit two course rosters.

Course Location:

Course Start Date:

Course End Date:

Number of Students:

Number Completed**

**If students did not or will not receive a card, provide a reason the student was unable to complete course (i.e. illness, incomplete attendance, knowledge / skill deficit, etc.) If the participant did not successfully complete the course due to a knowledge or skill deficit, please attach a written evaluation and documented remediation steps taken to educate this student.

Name of Assisting Instructor(s): * if AHA Instructor	Renewal date	Community Training Center Affiliation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BLS Courses: What was the instructor/student/manikin ratio? _____

ACLS Courses: What was the instructor/student ratio? _____

I certify the course has been conducted and that the faculty have taught according to the standards established by the American Heart Association. Any aberrations are noted on an additional sheet of paper.

 Signature of Course Director or Lead Instructor

For office use only: Date entered: _____ Date cards mailed / handed out: _____