CARLSON CONSULTING GROUP
4525 130th Ave. S.E. • Bellevue, WA 98006
Phone: (425)-943-0057 • Fax: (425)-943-0059
office@carlsonconsultinggroup.com
www.carlsonconsultinggroup.com

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

_____
Signature of Lead Instructor

If you do more than one class in the same day, either use separate roster or indicate separate class on this roster so we can track your student : faculty ratios

Name of Assisting Instructor(s): *if AHA Instructor

1. _____
2. _____
3. _____
4. _____

Course Location _____

Course Date _____

Number of cards issued_____

_____ CPR for Family & Friends

_____ Heartsaver CPR

A ☐ *B* ☐ *C* ☐ *D* ☐ ***(completed modules)***

_____Heartsaver AED

A ☐ *B* ☐ *C* ☐ ***(completed modules)***

_____BLS Healthcare Provider

_____Heartsaver First Aid

A ☐ *B* ☐ *C* ☐ *D* ☐ *E* ☐ ***(completed modules)***

_____BLS Instructor($13.25 fee)

PARTICIPANT LIST

Please print clearly. Form must be completed.

First Name	MI	Last Name	Address	City, State, Zip	Telephone (include area code)	New (N) Renew (R)	*C/I	Card Issued Yes - date No - explain

*C/I = Complete (C)/ Incomplete (I)