CARLSON CONSULTING GROUP
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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 AED

☐*Child CPR AED* ☐*Infant CPR* ☐*Written Test*

_____ Heartsaver First Aid CPR AED

☐*Child CPR AED* ☐*Infant CPR* ☐*Written Test*

_____ Heartsaver First Aid

☐ *Written Test*

_____ BLS Healthcare Provider

_____ BLS Instructor *($13.55 fee)*

Please mark completed modules as necessary.

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)