Family & Friends Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

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 Instructors

Name and Instructor ID#	*Card Exp. Date*	*Name and Instructor ID#*	*Card Exp. Date*
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

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Course Participants

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

Name and Email *Please PRINT as you wish your name to appear on your card.* *Please print email address legibly.*	*Mailing Address/Telephone*
1.	
2.	
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8.	
9.	
10.	

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