

Underwood-Memorial  
Hospital



Training Center

## American Heart Association Emergency Cardiovascular Care Program

### PARTICIPANT ROSTER - BASIC LIFE SUPPORT COURSES

**Course Information:**

<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>Family and Friends</b> <input type="checkbox"/> <b>CPR in Schools</b> <input type="checkbox"/> <b>BLS Healthcare Provider</b>	<b>Heartsaver</b>	<input type="checkbox"/> Adult CPR <input type="checkbox"/> Adult AED <input type="checkbox"/> Pediatric CPR <input type="checkbox"/> Pediatric AED	<b>Heartsaver First Aid</b>	<input type="checkbox"/> Core Modules <input type="checkbox"/> Adult CPR <input type="checkbox"/> AED <input type="checkbox"/> Environmental Module
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Course Start Date/Time: _____	Site: _____	# Adult Manikins: _____
Course End Date/Time: _____	City: _____	# Child Manikins: _____
Total Hours of Instruction: _____	Student/Manikin Ratio: _____	#Baby Manikins: _____
		# AEDs: _____
		# Participants: _____
		# of Cards Issued: _____

<b>Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than Underwood-Memorial)</b>			
	Instructor Name	Instr. Card Exp. Date	Module/Stations taught
Lead			
Assisting			
Assisting			
Assisting			
Assisting			

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

\_\_\_\_\_

Signature of the Lead Instructor

\_\_\_\_\_

Date

**Participant Information:**

	First Name- Middle Initial – Last Name	Address	City	State	Zip Code	Telephone	Complete/ Remediation Date	Exam Score	Date Card Issued
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Return completed form to:  
 UMH - MICU 238 S Evergreen Ave Woodbury, NJ 08096  
 (856)384-1000 ♦ (856)384-3210