

Central MA EMS Corp.

361 Holden Street
Holden, MA 01520

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(508) 853-3672 fax
www.cmemsc.org



AHA Training Center ID# MA00690

**American Heart Association Emergency Cardiovascular Care Programs
Heartsaver® Course Roster - All Courses**

Instructor: Ensure each section of this roster is completed **legibly** and submit original to CMEMSC within **five (5) days** of course completion.

Course Information

Heartsaver K-12 for Schools

Option Modules: Child CPR AED Infant CPR Written Exam

Heartsaver First Aid CPR AED

Option Modules: Child CPR AED Infant CPR Written Exam

Option Course Paths: Heartsaver Total Office Educator

Heartsaver CPR AED only

Option Modules: Child CPR AED Infant CPR Written Exam

Heartsaver First Aid only

Option Modules: Written Exam

Heartsaver Pediatric First Aid CPR AED

Option Modules: Adult CPR Written Exam

Option Course Paths: Pediatric Total Water Safety Babysitter

Blended Learning (Must complete appropriate modules above and attach online certificate)

Course Location: _____

Street Address: _____

City, State, Zip _____

Start Date _____ End Date: _____

Start Time _____ End Time: _____

Student to Manikin Ratio: _____ / _____

Lead Instructor: _____

Status: BLS HS Instructor Renewal Date: _____

Assistant Instructor*: _____

Status: BLS HS Instructor Renewal Date: _____

Assistant Instructor*: _____

Status: BLS HS Instructor Renewal Date: _____

**List Assistant Instructors only for courses with more than 6 students. Attach copy of instructor card for instructors not aligned with CMEMSC.*

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:** _____

Bill Service/Dept: _____ Email Bill to: _____

Bill Instructor Billing Address: _____ **Make check payable to:** CMEMSC

CMEMSC Use Only: Date Received _____ TCC Approval _____ Issue Date of Cards _____ PAID _____

HS CPR AED
 HS First Aid
 HS First Aid CPR AED
 K-12
 Pediatric
 Date _____ Instructor _____

Please print all of your information **clearly** to avoid disappointing errors which will cause delays in issuing a valid eCard.

Print First & Last Name CLEARLY -do <i>not</i> sign	Print Email CLEARLY- <i>Required</i> (will not be shared)	Print Cell Phone # <i>Allows student to claim ecards by SMS Text</i>	<i>Instructor Use</i> ✓ = Complete X = Incomplete
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Contact information is used for quality assurance purposes only.

06/2021