

# Family & Friends Course Roster

Emergency Cardiovascular Care Programs



## 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 _____

<b>Assisting Instructor</b> <i>(Attach copy of instructor aligned with a TC other than the primary TC)</i>			
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

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	