

Please Return Roster To:
 (859) 219-9799 – Office
 (859) 219-9790 – Fax
www.first-response.org

First Response of the Bluegrass, Inc.
 828 Lane Allen Road Suite 180
 Lexington, Kentucky 40504
firstresponse@windstream.net

-----OFFICE USE ONLY-----

CT _____
 NC _____
 RC _____



American Heart Association SKILLS CHECK Roster

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> BLS Healthcare Provider | <input type="checkbox"/> SKILLS CHECK |
| <input type="checkbox"/> First-Aid Adult A B C D E | <input type="checkbox"/> SKILLS CHECK |
| Heartsaver CPR | |
| <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> AED | <input type="checkbox"/> SKILLS CHECK |
| <input type="checkbox"/> ACLS Provider | <input type="checkbox"/> SKILLS CHECK |
| <input type="checkbox"/> PALS Provider | <input type="checkbox"/> SKILLS CHECK |

Training Center Name: First Response of the Bluegrass, Inc.

Training Site Name: _____

Course Location _____

Course Director: _____

Lead Instructor: _____

Last 4 Digits of SS #: _____

Manikins Cleaned By: _____

Was Every Student Issued a Card? YES NO

Assisting Instructors / Specialty Faculty PRINT YOUR NAME! IF WE CAN'T READ IT, NO TEACHING CREDIT!!!					
Name	Inst. Card Expire Date	Last 4 Digits of SS#	Name	Inst. Card Expire Date	Last 4 Digits of SS#
1.			2.		
3.			4.		
5.			6.		

I verify that this information is accurate and truthful. I understand that this information is subject to audit. This course was taught within AHA guidelines.

 Lead Instructor's Signature

 Lead Instructor's PRINTED Name

 Date of Course

 Instructor Email Address

Course Lead Instructor:

Course Participants

<----- INSTRUCTOR USE ONLY ----->

Please PRINT LEGIBLY your name as you wish it to appear on your card.	Street Address City, State & Zip	Area Code & Phone	Have you had this class before? <input type="checkbox"/> Y <input type="checkbox"/> N	Examination Score REQUIRED	Card Number REQUIRED	Course Completed? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Card Issued
1.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
2.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
3.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
4.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
5.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
6.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
7.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
8.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
9.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
10.			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	

*Student taking this AHA course for the first time.