

Appendix C: Forms

Course Forms

Course Evaluation

Course Rosters

Heartsaver AED Course Roster

Heartsaver CPR Course Roster

Heartsaver First Aid Course Roster

BLS for Healthcare Providers Course Roster

ALS Course Roster

ALS Instructor Course Roster

BLS Instructor Course Roster

Instructor/Training Center Faculty Forms

Instructor Candidate Application

Instructor Course Completion Notice to Primary TC

Instructor Records Transfer Request

Instructor/ Training Center Faculty Renewal Checklist

Instructor/Training Center Faculty Teaching Activity Notice to Primary TC

Training Center Faculty Candidate Application

Note: The forms that appear in this section are for your use. You may copy them from this manual or adapt them to create your own forms, provided that you include the same information.

Note: The Course Evaluation instrument is an optional document that may be changed or adapted to the individual TC's needs.

- 11. I would recommend this course to my colleagues. 1 2 3 4 5
- 12. The program was presented at an appropriate pace conducive to learning. 1 2 3 4 5
- 13. Instructors presented the material with knowledge and clarity. 1 2 3 4 5
- 14. Instructors provided adequate and helpful feedback 1 2 3 4 5

Please rate the instructor's overall effectiveness: 1 ----- 2 ----- 3 ----- 4 ----- 5
Poor Fair Satisfactory Good Excellent

| Instructor and Topic | 1 | 2 | 3 | 4 | 5 | Comments |
|----------------------|---|---|---|---|---|----------|
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Please use this space to make any additional comments:

Were there any specific strengths or weaknesses of the program that you would like to comment on?

(Optional)

If you would like feedback on your comments, please fill out the following:

Name _____

Address _____

Phone _____

Signature (required if any action is being requested) _____

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to the Training Center and/or the Regional ECC Office (call 1-888-CPR-LINE for the address).

Thank you for your participation!

**American Heart Association Emergency Cardiovascular Care Program
 Heartsaver AED
 Course Roster Form**

Course Information

New Course Renewal Course

Heartsaver AED Provider Course:

This course included the following Heartsaver AED core components:
 (Check all that apply) Adult CPR-AED
 Child CPR and Child AED
 Infant CPR

Lead Instructor _____

Status: BLS Instr. HS Instr. BLS IT BLS TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

| Assisting Instructors / Specialty Faculty <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i> | | | | | | | |
|---|-------------|-----------|------------------|------|-------------|-----------|------------------|
| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
| 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

DATE _____

COURSE **Heartsaver AED**

INSTRUCTOR _____

Course Participants

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>CPR-AED Adult</i> | <i>CPR/AED Child</i> | <i>Infant CPR</i> | <i>Remediation/ Date Completed</i> | <i>Exam Score</i> |
|--|----------------|------------------|---------------------------------|--------------------------|--------------------------|-----------------------|--|-----------------------|
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**American Heart Association Emergency Cardiovascular Care Program
 Heartsaver CPR
 Course Roster Form**

Course Information

New Course Renewal Course

Heartsaver CPR Provider Course:

This course included the following Heartsaver CPR core components:
 (Check all that apply) Adult CPR
 Child CPR
 Infant CPR

Lead Instructor _____

Status: BLS Instr. HS Instr. BLS IT BLS TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

| Assisting Instructors / Specialty Faculty <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i> | | | | | | | |
|---|-------------|-----------|------------------|------|-------------|-----------|------------------|
| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
| 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

DATE _____ COURSE Heartsaver CPR INSTRUCTOR _____

Course Participants

| <p><i>NAME</i> Please PRINT as you wish your name to appear on your card.</p> | <p><i>Address</i></p> | <p><i>Telephone</i></p> | <p><i>Complete/ Incomplete</i></p> | <p>Adult CPR</p> | <p>Child CPR</p> | <p>Infant CPR</p> | <p><i>Remediation/ Date Completed</i></p> | <p><i>Exam Score</i></p> |
|---|-----------------------|-------------------------|--|-----------------------------|-----------------------------|------------------------------|---|------------------------------|
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**American Heart Association Emergency Cardiovascular Care Program
 Heartsaver First Aid
 Course Roster Form**

Course Information

New Course Renewal Course

Heartsaver First Aid Provider Course:

This course included the Heartsaver First Aid Core component and

(Choose only one) Adult CPR or Adult CPR-AED

Environmental

(Choose only one) Child CPR or Child CPR-AED

Infant CPR

Heartsaver First Aid Instructor Course

Lead Instructor _____

Status: BLS Instr. HS Instr. BLS IT/TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

Assisting Instructors / Specialty Faculty *(Attach copy of instructor card for instructors aligned with other than primary TC)*

| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
|------|-------------|-----------|------------------|------|-------------|-----------|------------------|
| 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

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>Remediation Provided/Date Completed</i> | <i>Exam Score</i> | <i>Date Card Issued</i> |
|--|----------------|------------------|---------------------------------|--|-----------------------|---------------------------------|
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**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support for Healthcare Provider
 Course Roster Form**

Course Information

New Course Renewal Course

Healthcare Provider Course:

This course includes all of the Healthcare Provider core components:

Lead Instructor _____

Status: BLS Instr. HS Instr. BLS TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

| Assisting Instructors / Specialty Faculty <i>(Attach copy of instructor card for instructors aligned with other than primary TC)</i> | | | | | | | |
|---|-------------|-----------|------------------|------|-------------|-----------|------------------|
| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
| 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

DATE _____

COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>Remediation/ Date Completed</i> | <i>Exam Score</i> |
|--|----------------|------------------|---------------------------------|--|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
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**American Heart Association Emergency Cardiovascular Care Program
 Advanced Cardiovascular Life Support and Pediatric Advanced Life Support
 Course Roster Form**

Course Information

New Course Renewal Course

Course Director _____

Status: Instructor/CD TC Faculty Regional Faculty

ACLS

ACLS Provider ACLS EP Provider

Lead Instructor _____

Status: Instructor/CD TC Faculty Regional Faculty

Training Center _____

PALS

PALS Provider

Site Name _____

Physician Instructor:

Course Location _____

Address _____

City, State ZIP _____

| | | |
|------------------------------|--------------------------------|-----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Instructor Ratio _____ | TC Use: Issue Date of cards _____ |

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
|------|-------------|-----------|------------------|------|-------------|-----------|------------------|
| 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 Course Director

 Date

DATE _____ COURSE _____ COURSE DIR. _____

Course Participants

| <i>NAME</i> Please PRINT as you wish your name to appear on your card. | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>Remediation/ Date Completed</i> | <i>Exam Score</i> |
|---|----------------|------------------|---------------------------------|--|-----------------------|
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**American Heart Association Emergency Cardiovascular Care Program
 ACLS and PALS Program Instructor Courses
 Course Roster Form**

Course Information

New Course Renewal Course

ACLS Instructor ACLS EP Instructor

This course includes all of the ACLS Instructor Course core components.

PALS Instructor

This course includes all of the PALS Instructor Course core components.

Physician Instructor:

Instructor _____

Status: TC Faculty Regional Faculty

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

Assisting Instructors / Specialty Faculty *(Attach copy of instructor card for instructors aligned with other than primary TC)*

| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
|------|-------------|-----------|------------------|------|-------------|-----------|------------------|
| 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

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>Exam Score</i> | <i>Expected Monitoring Date</i> |
|--|----------------|------------------|---------------------------------|-----------------------|---|
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**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support Program Instructor Courses
 Course Roster Form**

Course Information

New Course Renewal Course

BLS Instructor:
 This course includes all of the BLS Instructor Course core components.

Heartsaver Instructor:
 This course includes only the Heartsaver Instructor Course core components.

Instructor _____

Status: BLS IT or TC Faculty BLS Regional Faculty

Status Renewal Date: _____

Training Center _____

Site Name _____

| | | |
|------------------------------|-----------------------------|----------------------------------|
| Course Start Date/Time _____ | Course End Date/Time _____ | Total hours of Instruction _____ |
| # of Cards Issued _____ | Student/Manikin Ratio _____ | Issue Date of cards _____ |

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

| Name | Instr. card | Exp. Date | Module / Station | Name | Instr. card | Exp. Date | Module / Station |
|------|-------------|-----------|------------------|------|-------------|-----------|------------------|
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| 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

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

| <i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/ Incomplete</i> | <i>Exam Score</i> | <i>Expected Monitoring Date</i> |
|--|----------------|------------------|---------------------------------|-----------------------|---|
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