

# Wake Forest University Baptist Medical Center Training Center

## AHA Course Roster - Effective July 1, 2006

Type of Course (Please check appropriate course)

### BLS Courses

<input type="checkbox"/> Healthcare Provider <input type="checkbox"/> New <input type="checkbox"/> Renewal	
<input type="checkbox"/> <b>Heartsaver AED Provider Course:</b> <input type="checkbox"/> Adult CPR/Child CPR with Mask & Choking <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask & Choking	<input type="checkbox"/> <b>Heartsaver CPR Provider Course:</b> <input type="checkbox"/> Adult/Child CPR & Choking <input type="checkbox"/> Infant CPR & Choking <input type="checkbox"/> Adult/Child CPR with Mask & Choking <input type="checkbox"/> Infant CPR with Mask
<input type="checkbox"/> <b>Heartsaver First Aid Provider Course:</b> <input type="checkbox"/> Adult First Aid <input type="checkbox"/> Environmental Emergencies <input type="checkbox"/> Adult/Child CPR with Mask <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask	<input type="checkbox"/> <b>Heartsaver CPR in Schools Course:</b> <input type="checkbox"/> Adult/Child CPR & Choking <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR & Choking <input type="checkbox"/> Adult/Child CPR with Mask <input type="checkbox"/> Infant CPR with Mask
<input type="checkbox"/> <b>Heartsaver Pediatric First Aid Provider Course:</b> <input type="checkbox"/> Pediatric First Aid <input type="checkbox"/> Asthma Care Training for Childcare Providers <input type="checkbox"/> Optional Pediatric First Aid Topics Name _____ <input type="checkbox"/> Adult/Child CPR with Mask <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask	<input type="checkbox"/> <b>Family &amp; Friends First Aid for Children Course:</b> <input type="checkbox"/> Pediatric First Aid <input type="checkbox"/> Asthma Care Training for Childcare Providers <input type="checkbox"/> Optional Pediatric First Aid Topics Name _____ <input type="checkbox"/> Adult/Child CPR with Mask <input type="checkbox"/> Adult/Child AED <input type="checkbox"/> Infant CPR with Mask
<input type="checkbox"/> <b>Family &amp; Friends CPR Program</b> <input type="checkbox"/> Adult/Child CPR & Choking <input type="checkbox"/> Infant CPR & Choking	<input type="checkbox"/> <b>BCLS Instructor Course (TC Faculty Only)</b> <input type="checkbox"/> <b>BCLS Instructor Update (TC Faculty Only)</b>

**All ACLS & PALS Course Roster MUST include a list of topics taught by each instructor.  
Without this information the instructor will not receive credit for course. Include additional pages if necessary**

### ACLS Courses

<input type="checkbox"/> ACLS Provider <input type="checkbox"/> ACLS Refresher	<input type="checkbox"/> ACLS Instructor Course (TC Faculty Only) <input type="checkbox"/> ACLS Instructor Update (TC Faculty Only)
---	--

### PALS Courses

<input type="checkbox"/> PALS Provider <input type="checkbox"/> PALS Refresher	<input type="checkbox"/> PALS Instructor Update (TC Faculty Only) <input type="checkbox"/> PALS Instructor Update (TC Faculty Only)
---	--

Course start date/Time: \_\_\_\_\_

Course End Date/Time: \_\_\_\_\_

# of Participants: \_\_\_\_\_

Student/Manikins Ratio: \_\_\_\_\_

Course location: \_\_\_\_\_

Instructors Name	Inst Renewal Date	Training Center	Topics Taught

<b>Do You Need Cards?</b> <input type="checkbox"/> Yes    Number of Cards Needed _____ <input type="checkbox"/> No  <b>Payment</b> <input type="checkbox"/> Cash with Roster    Amount _____ <input type="checkbox"/> Check enclosed    Check # _____ <input type="checkbox"/> Will pay when cards are picked up <input type="checkbox"/> Bill To: _____	<b>How will cards be filled out?</b> <input type="checkbox"/> By Course Coordinator <input type="checkbox"/> By TC (allow 2 weeks)  <b>How will you receive cards?</b> <input type="checkbox"/> Pick up at TC Office <input type="checkbox"/> Phone when ready # _____ <input type="checkbox"/> Mail To: _____
--	---

Please make checks payable to:  
Mail or Fax completed rosters to:

**WFUBMC-CTC Dept 696  
Community Training Center  
WFUBMC  
Medical Center BLVD  
Winston-Salem, NC 27157  
Fax : 336-716-6467**

Phone: (336) 716-6457

Website: [www.wfubmc.edu/tc](http://www.wfubmc.edu/tc)

Office Use Only

Received:	Entered:	Qt:	Issued
-----------	----------	-----	--------

## Participant Roster

**Written test scores required for Healthcare Provider, ACLS, PALS and all Instructor Courses. Pass or Fail is sufficient for Heartsaver Courses.**

First Name	MI	Last Name	MD/RN	Social Security Number	Telephone #	Depart/Employer/Address	Score	Date Card Issued
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Course Coordinator: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

***I verify that all information is accurate, truthful and may be confirmed. This course was taught in accordance with AHA guidelines.***

Course Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_