

EMS OFFICE USE ONLY:

CID:	
Date Received:	Date Cards Issued:

2023-aha-roster-noncredit-p1-0407

EMS and Trauma Programs/AHA Training Center COURSE ROSTER — NON-CREDIT

ROSTER POLICY:

- UNMC CCE AHA Training Center must be notified before a course is offered.
- This packet must be **completed using a computer** and submitted to the UNMC CCE AHA Training Center **within 10 days** of the course completion date.
- All information must be spelled correctly. UNMC CCE will NOT edit or correct spelling errors.

COURSE INFORMATION (A separate roster must be completed for each course)					Total Number of Students
Type of Course: (Check ONE)		Indicate components included in the course:			
<input type="checkbox"/> BLS	<input type="checkbox"/> Provider	<input type="checkbox"/> Instructor			
<input type="checkbox"/> Advisor: BLS Card					
<input type="checkbox"/> Skills Test Only					
<input type="checkbox"/> Heartsaver CPR/AED	<input type="checkbox"/> Child CPR/AED	<input type="checkbox"/> Infant CPR			
<input type="checkbox"/> Heartsaver First Aid/CPR/AED	<input type="checkbox"/> HS Total	<input type="checkbox"/> Child CPR/AED	<input type="checkbox"/> Infant CPR		
<input type="checkbox"/> Heartsaver First Aid					
<input type="checkbox"/> Heartsaver Pediatric First Aid/CPR/AED	<input type="checkbox"/> HS Ped Total	<input type="checkbox"/> Ped FA	<input type="checkbox"/> Child/Infant CPR/AED	<input type="checkbox"/> Adult CPR/AED	<input type="checkbox"/> Asthma Care Video
<input type="checkbox"/> Heartsaver for K-12 Schools	<input type="checkbox"/> First Aid	<input type="checkbox"/> Child CPR/AED	<input type="checkbox"/> Infant CPR		
<input type="checkbox"/> Heartsaver Bloodborne Pathogens					
<input type="checkbox"/> Friends and Family CPR					

Training Site:			Course Start Date:		Start Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location:			Course End Date:		End Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Address:			Ratio:	Total Class Time:		hours
Number of Manikins:	Adult	Child	Infant	Equipment Cleaned By:		

INSTRUCTOR(S) INFORMATION				
	Complete Name	AHA ID #	Card Exp.	Module/Station
Lead Instructor				
Assistant Instructor				
Assistant Instructor				
Assistant Instructor				

PARTICIPANT LIST — NON-CREDIT

DISCLAIMER: The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees for such a course, except for a portion of fees needed for AHA course materials, do not represent income to AHA.

This roster must be completed using a computer. UNMC CCE will not edit or correct spelling errors.

	Course Date	First Name	Last Name	Credentials	Email Address	Cell Phone (Optional)	BLS Exp	Test Score	Skills
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

of Attendees By Profession:

I verify that the above information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the AHA 2020 Guidelines.

Lead Instructor: Date: