



EMS Region III
 American Heart Association
 Emergency Cardiac Care Training Center ▪ www.emsregion3.org

2421 E. 21st St. ▪ PO Box 1895 ▪ Clovis, NM 88102-1895 ▪ Phone (575) 769-2639 ▪ Fax (575) 769-3485

COURSE ROSTER

Lead Instructor:				Date Received		
Assist. Instructor:				Amt. Received		
Assist. Instructor:				Payment Type		
Assist. Instructor:				Invoice #		
Assist. Instructor:				Cards Issued		
Course Date:		Facility:		City:		
Send Cards to:		Address		City:	Zip	

Type of Course: *(Select 1 Course only)*

Heartsaver CPR/AED	Heartsaver 1 st Aid	Heartsaver 1 st Aid/CPR/AED	Heartsaver 1 st Aid (Pedi.)	HS Instructor
Healthcare Provider	BLS Instructor	ACLS Provider	ACLS Instructor	PALS Provider
				PALS Provider

COURSE PARTICIPANTS: (Must **PRINT** or **TYPE** Names Legibly)

#	NAME	ADDRESS	CITY	ZIP	SCORE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Signature of Lead Instructor:	Date:
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Note: Rosters will be returned if names are not clearly legible, which will cause a delay in receiving cards.