



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:		<i>Please Select which AHA Guidelines were taught:</i>	
Assist. Instructor:			
Assist. Instructor:			
Assist. Instructor:		2020:	<input type="checkbox"/>
Assist. Instructor:		2025:	<input type="checkbox"/>
Course Date:	Facility:	City:	
Send Cards to:	Address	City:	Zip

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

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

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

#	NAME	EMAIL	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 for instructors: Rosters will be returned if they are not filled out properly, which will cause a delay in receiving cards.