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 1st Aid** ☐ **Heartsaver 1st Aid/CPR/AED** ☐ **Heartsaver 1st Aid (Pedi.)** ☐ **Heartsaver K-12**

☐ **BLS Provider** ☐ **ACLS Provider** ☐ **PALS Provider** ☐ **BLS/HS Instructor** ☐ **ACLS Instructor** ☐ **PALS Instructor**

COURSE PARTICIPANTS: (Must PRINT or TYPE Names Legibly)

#	NAME	EMAIL	CITY	ZIP	SCORE
1					
2					
3					
4					
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11					
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20					

Signature of Lead Instructor:	**Date:**

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