

**American Heart Association Emergency Cardiovascular Care Program
 Family and Friends CPR Program
 Course Roster**

Course Information

Lead Instructor _____
 Status: BLS Instr. HS Instr. BLS IT BLS TCF/RF
 Status Renewal Date: _____

Family and Friends CPR Program:

This program included the following Family and Friends CPR core components:

- Adult /Child CPR and Choking
 Center _____
 Infant CPR and Choking

Training

Site Name _____

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards Issued _____	Student/Manikin Ratio _____	Issue Date of cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>
1.			5.		
2.			6.		
3.			7.		
4.			8.		

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

 Signature of Lead Instructor

 Date

DATE _____ COURSE Family and Friends CPR

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		