PEDIATRIC FIRST AID | CPR AED CLASS ROSTER

Class Type (check one)

Pediatric First Aid

Child and Infant CPR AED

Child, Infant, and Adult CPR AED

Pediatric First Aid | Child and Infant CPR AED

Pediatric First Aid | Child, Infant, and Adult CPR AED

Class Format

Initial

Renewal

Challenge

Delivery Method

Traditional Classroom

Blended Learning, Online & Classroom

Blended Learning, Online & RSV

Instructor & Training Center (TC) Information

Primary Instructor:	TCID#:
Primary Instructor Registry #:	Address:
Primary Instructor Authorization Exp. Date:	City, State:
TC Name:	Class Location:

Class Information

Class Start Date:	# of Certification Cards Issued:
Class End Date:	Issue Date of Certification Cards:
Total Hours of Instruction:	Student to Manikin Ratio:

Assisting Instructors

Instructor Name	Registry #	Author. Expiration Date	Instructor Name	Registry #	Author. Expiration Date

Students checked "complete" on the following page(s) successfully completed the required lessons and Performance Evaluations for the Class Type indicated above. This class was taught in accordance with the Training Center Standards as described in the most recent version of the HSI Training Center Administrative Manual (TCAM).

Primary Instructor Signature: _____ Date: _____

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#	Student Info (Please Print Clearly)		Complete?	Remediation Date
Class Participants				
1	Participant Name:	Mailing Address:		
	Email:	Phone:		
2	Participant Name:	Mailing Address:		
	Email:	Phone:		
3	Participant Name:	Mailing Address:		
	Email:	Phone:		
4	Participant Name:	Mailing Address:		
	Email:	Phone:		
5	Participant Name:	Mailing Address:		
	Email:	Phone:		
6	Participant Name:	Mailing Address:		
	Email:	Phone:		
7	Participant Name:	Mailing Address:		
	Email:	Phone:		
8	Participant Name:	Mailing Address:		
	Email:	Phone:		
9	Participant Name:	Mailing Address:		
	Email:	Phone:		
10	Participant Name:	Mailing Address:		
	Email:	Phone:		