



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:		SS #:	
Assist. Instructor:		SS #:	
Assist. Instructor:		SS #:	
Assist. Instructor:		SS #:	
Course Date:		Location:	
		City:	
Send Cards to:			

Type of Course: Heartsaver Heartsaver AED Heartsaver 1st Aid Heartsaver 1st Aid (Pedi.)
 (*Check One Only*) Healthcare Provider BLS Instructor HS Instructor ACLS PALS

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:	
Date Received:	Course Fees Received:	Cards Issued:	

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