

# ADULT FIRST AID | CPR AED CLASS ROSTER



Class Participants				
#	Student Info (Please Print Clearly)		Complete?	Remediation Date
1	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
2	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
3	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
4	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
5	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
6	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
7	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
8	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
9	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		
10	Participant Name:	Mailing Address:	<input type="checkbox"/>	
	Email:	Phone:		

renewal training  
**SPACED PRACTICES SESSIONS, ATTENDANCE SHEET**



	Participant Name	Renewal Session Dates (Check Box for Attendance)								Complete
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Instructor Name</b>										
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# ADULT FIRST AID | CPR AED CLASS ROSTER



Class Type (check one)	Class Format	Delivery Method
<input type="checkbox"/> Adult First Aid   Adult CPR AED	<input type="checkbox"/> Initial	<input type="checkbox"/> Traditional Classroom
<input type="checkbox"/> Adult First Aid   Adult, Child, and Infant CPR AED	<input type="checkbox"/> Renewal	<input type="checkbox"/> Blended Learning, Online & Classroom
<input type="checkbox"/> Adult First Aid   Adult and Child CPR AED	<input type="checkbox"/> Challenge	<input type="checkbox"/> Blended Learning, Online & RSV
<input type="checkbox"/> Adult First Aid   Adult and Infant CPR AED		
<input type="checkbox"/> Adult First Aid		
<input type="checkbox"/> Adult, Child, and Infant CPR AED		
<input type="checkbox"/> Adult and Child CPR AED		
<input type="checkbox"/> Adult and Infant CPR AED		
<input type="checkbox"/> Adult CPR AED		

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: \_\_\_\_\_

