Cardio Partners

DATE OF COURSE:	COURSE NUMBER:

COURSE LOCATION

COMPANY:_____

ADDRESS:_____

CITY:_____STATE:_____ ZIP:_____

TIME:
Start:_____End:_____Hrs. _____

COURSE INFO: (circle all that apply)

  Initial Training   Renewal C.

TYPE: FAID   HCP   BBP   O2

CPR: Adult   Child   Infant

AED: YES   NO

Student: Manikin 1:1   2:1   3:1   4:1

TOTAL ATTENDANCE:C_____R_____I_____
C for Completed R for Remediated and I for Incomplete

Billing Information (Training Center Use Only)

Scheduled Students:_____

Total Students Attended:_____

Billing for:_____

Total:_____

SEND CARDS TO: CHECK IF SAME ADDRESS ☐
                                  (**must still fill in name/phone/email**)

COMPANY:_____

ATTN:_____

ADDRESS:_____

CITY:_____STATE:_____ ZIP:_____

PHONE:_____EMAIL:_____

	Instructor	**Instructor ID:**
Lead		
Asst.		
Asst.		
Asst.		

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the most current CPR & ECC Guidelines.

Instructor Signature   Date

This form must be **COMPLETE** and **LEGIBLE** - It must accompany all class paperwork.

CLASS ROSTER

	Date:	Class #:

Start Time:	End Time:	Total Hrs.	Class Type:	Client:

<u>Disclaimer:</u> **Please write your name as it should appear on your card. COMPLETE ALL APPLICABLE FIELDS.**

Name			E-Learning Completed? (INSTRUCTOR USE ONLY)	C/IC	Test	Rem.
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				
	Employee ID: (Required)	Email	[ ] YES [ ] NO [ ] N/A			
	Location #	Phone				

C/IC --- C=Completed / IC= Incomplete --- Test SC=Test Score --- Rem=Remediated Yes /No - Instructor Comments: (Attach incident report if needed)

Instructor Name	Signature:	Instructor ID:	Date Class Completed:

I hereby certify that the information provided below is accurate and subject to verification. This course was conducted in accordance with ILCOR and ECC guidelines, rules, and policies. The use of these materials in this educational setting does not imply sponsorship or endorsement by the Credentialing Agency. Additionally, any course-related fees collected are not considered revenue for the Credentialing Agency. INSTRUCTORS: Please ensure all names are clearly legible before leaving.