ERTSS

American Heart Association® | **AUTHORIZED TRAINING** C E N T E R

#1 : Instructor: Lead Instructor_____ **Assisting** _____

#2 Place a Check next to the Course Completed from the Options Below   **#3 Complete All Course Details**

Workplace (Optional Exam)	Clinical Courses (Exam Required)	Course Details Complete all 5 Parts Below
❏ Heartsaver CPR with AED ❏ Child ❏ Infant	❏ BLS*	End Date:_____
❏ Heartsaver First Aid Only	❏ ACLS Provider*	❏ Initial or ❏ Renewal
❏ Heartsaver First Aid CPR & AED ❏ Child ❏ Infant	❏ ACLS EP Provider*	❏ Classroom ❏ Online ❏ Blended
❏ Heartsaver Pediatric First Aid ❏ CPR ❏ AED	❏ PALS Provider*	Start Time_____ End_____
❏ Bloodborne Pathogens (Card In Manual)	❏ PEARS Provider*	Student Manikin Ratio _____/_____
❏ INSTRUCTOR ESSENTIALS COURSE		TOTAL Number of Students: _____

#4 Course Location _____City _____ State_____

#5	PRINT NAME CLEARLY	Email Address	Mobile #	Exam Score	*Skills
1					❏Yes ❏NO
2					❏Yes ❏NO
3					❏Yes ❏NO
4					❏Yes ❏NO
5					❏Yes ❏NO
6					❏Yes ❏NO
7					❏Yes ❏NO
8					❏Yes ❏NO
9					❏Yes ❏NO
10					❏Yes ❏NO
11					❏Yes ❏NO
12					❏Yes ❏NO

I verify this course followed all AHA Instructional
Guidelines & all documented information is correct.   Instructor Signature: _____

ASSISTING INSTRUCTOR 3   _____

	*PRINT NAME CLEARLY	Email Address	Mobile #	Exam Score	Skills
13					❏Yes ❏NO
14					❏Yes ❏NO
15					❏Yes ❏NO
16					❏Yes ❏NO
17					❏Yes ❏NO
18					❏Yes ❏NO
19					❏Yes ❏NO
20					❏Yes ❏NO
21					❏Yes ❏NO
22					❏Yes ❏NO
23					❏Yes ❏NO
24					❏Yes ❏NO
25					❏Yes ❏NO
26					❏Yes ❏NO
27					❏Yes ❏NO
28					❏Yes ❏NO
29					❏Yes ❏NO
30					❏Yes ❏NO

I verify this course followed all AHA Instructional
Guidelines & all documented information is correct.   Instructor Signature: _____ Instructor_____

The ERTSS eCard Course Roster has 5 sections that must be completed.

1. Instructor: Lead Instructor.   This section must be completed and have the name of the Lead Instructor for the course. The Lead Instructor must be affiliated with ERTSS before we can issue certification cards.

2. Course Taught: Select from the options in this section by placing a check mark in the box next to the Course that was taught. Include any appropriate options.

3. Course Details: Complete all 6 Parts

4. Course Location: Complete all Parts including City and State where the Course was Taught.

5. Student Info: Student Prints Name, Email Address, Mobile #, Exam Score & Skills Check
                                  * Mobile # is required if student wishes to claim their eCard via SMS Text.

The Lead Instructor must complete the exam score, if applicable and complete the "Skills Check" section for each student, then sign the bottom of the Course Roster to verify that the course was taught in accordance with all AHA requirements and that all the provided information is correct. Please review the entire Course Roster for accuracy before submission to the Training Center.

If more than 12 students attend the course, use the 2nd page for students 13-30. Include assisting instructor(s) as needed to meet AHA guidelines.

AHA requires that all the students who successfully complete a certification course must receive their certification Ecard within 20 days of successful course completion. Please issue your eCard(s) ASAP. If ERTSS is issuing your eCards, please submit your completed course roster to the Training Center as soon as possible after the course so this can be accomplished.

Students must physically attend a classroom course or skills check off, if completing parts 2 & 3 for the onlineaha.org Online Program. Remote Video conferencing or likewise is not allowed. All AHA documents must be kept for a minimum of 3 years.