

Course Roster - ECards



Lifeline Solutions

#1 : Instructor: Lead Instructor Coty Campesano 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 |
|--|--|--|
| <input type="checkbox"/> Heartsaver CPR with AED <input type="checkbox"/> Child <input type="checkbox"/> Infant | <input checked="" type="checkbox"/> BLS* | End Date: _____ / _____ / _____ |
| <input type="checkbox"/> Heartsaver First Aid Only | <input type="checkbox"/> ACLS Provider* | <input checked="" type="checkbox"/> Initial or <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Heartsaver First Aid CPR & AED <input type="checkbox"/> Child <input type="checkbox"/> Infant | <input type="checkbox"/> ACLS EP Provider* | <input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Blended |
| <input type="checkbox"/> Heartsaver Pediatric First Aid <input type="checkbox"/> CPR <input type="checkbox"/> AED | <input type="checkbox"/> PALS Provider* | Start Time _____ End _____ |
| <input type="checkbox"/> Bloodborne Pathogens (Card In Manual) | <input type="checkbox"/> PEARS Provider* | Student Manikin Ratio _____ / _____ |
| | | TOTAL Number of Students: _____ |

#4 Course Location _____ City _____ State _____

| # | PRINT NAME CLEARLY | Initials | Email Address | Exam Score | *Skills Check |
|----|--------------------|----------|-----------------------------|------------|---|
| 1 | Debra Sanders | D | debrafrancesis187@yahoo.com | 100 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Amy Rich | AR | amyr168@gmail.com | 92 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Genevieve Spaw | GS | Genevieve Spaw@yahoo.com | 84 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I verify this course followed all LifeLink Solutions Instructional Guidelines & all documented information is correct.

Instructor Signature: _____