



Hutchinson Community
College
AHA Training Center



American
Heart
Association®

**AUTHORIZED
TRAINING
C E N T E R**

Name:	Course Date (s):
Instructor ID:	Course Times (start and end):
Address:	<input type="checkbox"/> Feedback Device Used
	<input type="checkbox"/> ACLS <input type="checkbox"/> Heartcode ACLS
Email:	<input type="checkbox"/> Basic Life Support <input type="checkbox"/> BLS Renewal <input type="checkbox"/> Heartcode BLS
Phone:	<input type="checkbox"/> Family/Friends
Course Location:	<input type="checkbox"/> Other Course Name:
Number of students:	<input type="checkbox"/> Bloodborne Pathogens
Assistant Instructor Name:	<input type="checkbox"/> Heartsaver Blended (must include certificate)
Bill to (complete name, address, city, state and zip):	<input type="checkbox"/> Heartsaver CPR AED
	<input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR <input type="checkbox"/> Exam
	<input type="checkbox"/> Heartsaver First Aid
	<input type="checkbox"/> Exam
*No Books <input type="checkbox"/>	<input type="checkbox"/> Heartsaver First Aid CPR AED
Replacement Books to:	<input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR <input type="checkbox"/> HS Total <input type="checkbox"/> Office <input type="checkbox"/> Educator <input type="checkbox"/> Exam
	<input type="checkbox"/> Heartsaver for K-12 Schools (must include adult)
	<input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Exam
	<input type="checkbox"/> Heartsaver Pediatric First Aid and CPR AED
Manikin to student ratio:	<input type="checkbox"/> First Aid <input type="checkbox"/> Adult CPR <input type="checkbox"/> HSPED Total <input type="checkbox"/> Water Safety
	<input type="checkbox"/> Babysitter <input type="checkbox"/> Asthma Care Video <input type="checkbox"/> Exam

**Completed Roster and support documents should be mailed or emailed to hcc.tc.instructor@gmail.com
Connie Smarsh, TC Director, Hutchinson Community College, 1809 Essex, Hutchinson, KS 67501**

***Checking the No Books box verifies that the students own and possess a book before, during and after class.**

Instructor name:
Date:

Course Roster Must be typed
Participant Information

Course:
Location:

First and Last Name	Individual Email	Phone number	Test Score
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Instructor name: _

Date: _

**Course Roster
Participant Information**

Course: _

Location: _

First and Last Name Print clearly!	Individual Email	Phone number	Test Score
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			