



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"/> BLS Online Certificate
Course Location:	<input type="checkbox"/> Family/Friends
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
Phone number:	<input type="checkbox"/> Heartsaver First Aid CPR AED
Email address:	<input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR <input type="checkbox"/> HS Total <input type="checkbox"/> Basic <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"/> Child/Infant <input type="checkbox"/> HSPED Total <input type="checkbox"/> Basic <input type="checkbox"/> Asthma Care <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

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.			
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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.			
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