PEDIATRIC FIRST AID | CPR AED CLASS ROSTER

Class Type (check one)

- ☐ Pediatric First Aid
- ☐ Child and Infant CPR AED
- ☐ Child, Infant, and Adult CPR AED
- ☐ Pediatric First Aid | Child and Infant CPR AED
- ☐ Pediatric First Aid | Child, Infant, and Adult CPR AED

Class Format

- ☐ Initial
- ☐ Renewal
- ☐ Challenge

Delivery Method

- ☐ Traditional Classroom
- ☐ Blended Learning, Online & Classroom
- ☐ Blended Learning, Online & RSV

Instructor & Training Center (TC) Information

Primary Instructor:	TCID#:
Primary Instructor Registry #:	Address:
Primary Instructor Authorization Exp. Date:	City, State:
TC Name:	Class Location:

Class Information

Class Start Date:	# of Certification Cards Issued:
Class End Date:	Issue Date of Certification Cards:
Total Hours of Instruction:	Student to Manikin Ratio:

Assisting Instructors

Instructor Name	Registry #	Author. Expiration Date	Instructor Name	Registry #	Author. Expiration Date

Students checked “complete” on the following page(s) successfully completed the required lessons and Performance Evaluations for the Class Type indicated above. This class was taught in accordance with the Training Center Standards as described in the most recent version of the HSI Training Center Administrative Manual (TCAM).

Primary Instructor Signature: _____ Date: _____

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Class Participants				
#	Student Info (Please Print Clearly)		Complete?	Remediation Date
1	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
2	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
3	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
4	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
5	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
6	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
7	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
8	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
9	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		
10	Participant Name:	Mailing Address:	☐	
	Email:	Phone:		