

College of Medical Training & MTCI

American Heart Association designated Training Center

9100 Bridgeport Way SW, Lakewood, WA 98499

Phone: (253) 566-8282 or Toll Free: 88-Training (888) 724-6464

Fax: (253) 566-8262 email: TCcoordinator@mtci-usa.com

www.collegeofmedicaltraining.com

Course Date		County	
Course Location			
Number of cards issued		# Discarded	

I certify the course has been conducted and that the faculty taught according to the standards established by the American Heart Association. Any aberrations are noted on an additional sheet of paper.

Signature of Lead Instructor
If you do more than one class in the same day, either use separate roster or indicate separate class on this roster so we can track your student : faculty ratios

To be in compliance with AHA guidelines, roster is to be sent to TC within 14 days

CPR for Family & Friends				
Heartsaver CPR <i>(Completed modules)</i>				
A	B	C	D	
Heartsaver AED <i>(Completed modules)</i>				
A	B	C		
BLS Healthcare Provider				
Heartsaver First Aid <i>(Completed modules)</i>				
A	B	C	D	E
BLS Instructor			TC Faculty	
ACLS Provider			ACLS Instructor	
ACLS Exper. Provider			ACLS Exper. Instructor	
PALS Provider			PALS Instructor	
PEARS Provider			PEARS Instructor	

CLASS ROSTER *Completed Class Roster & Quality Assurance Information Required*

Name of - Group or Training Site <i>(if applicable)</i>						
Instructor				Inst. Exp. Date		Phone #
Addressed			City:		State:	Zip
Name of Assisting Instructor(s) * if AHA Instructor				*	Exp. Date:	Phone #
Instructor/Assistant:					Exp. Date:	Phone #
Instructor/Assistant:					Exp. Date:	Phone :

Please Print Clearly -Form must be completed – Thank You PARTICIPANT LIST

#	First Name	MI	Last Name	Address / City / State / Zip	Phone (include area code)	New (N) Renew (R)	*C/I	Card Issued Yes – No
1								
2								
3								
4								
5								
6								

If you have not sent your current instructor card to our Training Center, include it with this Roster along with your evaluation sheets.

[*C/I] Complete (C) / Incomplete (I) New (N) Renewal (R)

Please Print Clearly -Form must be completed - Thank You

PARTICIPANT LIST

#	First Name	MI	Last Name	Address / City / State / Zip	Phone (include area code)	New (N) Renew (R)	*C/I	Card Issued Yes - No
7								
8								
9								
10								
11								
12								
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19								
20								
21								
22								

If you have not sent your current instructor card to our Training Center, include it with this Roster along with your evaluation sheets.

* C/I = Complete (C) / Incomplete (I) New (N) Renewal (R)

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