



AHA Course Roster

LifeSavers Version 2026

Course Date _____ Training Site _____

Lead Instructor Name _____ AHA ID# _____

Assisting Instructors Name(s) and AHA ID# _____

Total # Passed _____ Comments _____

x	Course Type				x	Format Type	x	Modules	
<input type="checkbox"/>	BLS Provider Healthcare Providers	<input type="checkbox"/>	Heartsaver K-12	<input type="checkbox"/>	Heartsaver Pediatric CPR AED + First Aid	<input type="checkbox"/>	Instructor-Led Classroom	<input type="checkbox"/>	Adult
<input type="checkbox"/>	Heartsaver CPR & AED	<input type="checkbox"/>	Heartsaver First Aid	<input type="checkbox"/>	Heartsaver CPR & AED + First Aid	<input type="checkbox"/>	eLearning Skills Session	<input type="checkbox"/>	Child
<input type="checkbox"/>	Other Indicate _____							Infant	

All AHA courses are valid for 2 years from the month and year of course. All information must be PRINTED legibly! Thank You!

	First Name	Last Name	Email Address	Test % (BLS Only)	Course Passed
1					Y / N
2					Y / N
3					Y / N
4					Y / N
5					Y / N
6					Y / N
7					Y / N
8					Y / N
9					Y / N
10					Y / N

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor _____ Course Completion Date _____

Scan & Email completed Roster Form & Evals to docs@helloLifeSaver.com

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	First Name	Last Name	Email Address	Test % (BLS Only)	Course Passed
11					Y / N
12					Y / N
13					Y / N
14					Y / N
15					Y / N
16					Y / N
17					Y / N
18					Y / N
19					Y / N
20					Y / N
21					Y / N
22					Y / N
23					Y / N
24					Y / N
25					Y / N
26					Y / N
27					Y / N
28					Y / N
29					Y / N
30					Y / N

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