UMPQUA COMMUNITY COLLEGE
COURSE ROSTER

Office Use Only

Session ID_____

Term/CRN# _____

Cards Issued _____

For Instructors - Very Important!
Make sure ALL information is filled out and legible.
Return roster within **_5 days_** of course completion.
Fax: 541-440-7721 / E-mail: AHA.CPR@umpqua.edu

UMPQUA
Community College

**COMMUNITY &
WORKFORCE TRAINING**

COURSE TYPE

☐ **Heartsaver CPR AED**

  ☐ Adult ☐ Child ☐ Infant ☐ First Aid

☐ **Heartsaver for K-12 Schools**

  ☐ Child ☐ Infant ☐ First Aid

☐ **Basic Life Support (BLS)**
(For healthcare providers)

  ☐ Recertification

☐ **Advanced Cardiovascular Life Support (ACLS)**

  ☐ Recertification

☐ **Online Essentials Skills Check**

  ☐ Heartsaver ☐ BLS ☐ ACLS

☐ **Instructor**

  ☐ Heartsaver ☐ BLS ☐ ACLS

Instructor(s)_____

_____

Class Date(s)_____

Day: Sun   Mon   Tues   Wed   Thurs   Fri   Sat

Start Time _____ End Time _____

City _____ Facility _____

Bill To (if needed)

Contact Name _____

Email _____

Address _____

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines. All equipment used was decontaminated. Instructor certifies all students have an AHA Workbook.

_____
Signature of Lead Instructor

_____
Date

AHA Disclosure Statement: The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

Course Participants

Please PRINT legibly.

UMPQUA Community College | COMMUNITY & WORKFORCE TRAINING

Name & Email As you wish to appear on your card	Mailing Address City, State & Zip Code	Phone Number	Date of Birth	Work Related
1.				
2.				
3.				
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7.				
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9.				
10.				

Course Participants

Please PRINT legibly.

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Name & Email As you wish to appear on your card	Mailing Address City, State & Zip Code	Phone Number	Date of Birth	Work Related
11.				
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