INSTRUCTORS: Fax Roster to:**206-213-4110**
or email as attachment to: **training@chealthcare.com**

CASCADE TRAINING CENTER

BLS COURSE ROSTER

USE FOR CPR and FIRST AID COURSES

COURSE/CARD TYPE INFORMATION

Course Type: (Check One) This is the card type issued to the student. (No card for Friends and Family)

- ○ BLS-HCP CPR
- ○ HS CPR
- ○ HS AED
- ○ HS First Aid
- ○ PED First Aid
- ○ HS Friend/Family
- ○ FA Friend/Family

Course Modules: (Check All That Apply) For HCP Courses Leave Blank (Entire course required for HCP)

- ○ Adult CPR
- ○ Child CPR
- ○ Infant CPR
- ○ Adult AED
- ○ Child AED
- ○ General FA
- ○ Environmental

Check One:

- ○ Initial Course
- ○ Renewal Course
- ○ Online Evaluation

COURSE INFORMATION

Course Location:_____ Course Date: _____
Course Start Time:_____ Course End Time:_____
# of Adult Manikins:_____ # of Ped. Manikins: _____ # of AEDs:_____
Course Director:_____ CTC:_____
Other Instructor: _____ CTC:_____
Other Instructor: _____ CTC: _____

STUDENT INFORMATION

Student Name	*Phone*	*E-Mail*	*Test Score*	*Card Issued Y/N*