**Wake Forest Baptist Health**

*Training Center*

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| AHA Course Roster - Effective 2025 |

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| Type of Course (Please check appropriate box): | |
| **BLS Provider** | **ACLS Provider** |
| **Heartsaver CPR in Schools (K-12)**  Child and Infant and First Aid- optional | **ACLS Update** |
| **Heartsaver CPR AED**  Child and Infant -optional | **PALS Provider** |
| **Heartsaver First Aid CPR AED**  Heartsaver Total, Child and Infant-optional | **PALS Update** |
| **Heartsaver Pediatric First Aid CPR AED**  Heartsaver Pediatric Total, Pediatric First Aid, Child/Infant, Adult CPR- optional | **HEARTCODE BLS**  (AHA Completion Certificate must be attached) |
| **Heartsaver First Aid** | **HEARTCODE ACLS**  (AHA Completion Certificate must be attached) |
| **Family & Friends** | **HEARTCODE PALS**  (AHA Completion Certificate must be attached) |
| **PEARS Provider** | (**Please indicate optional choices on evaluation**) |
|  | |
| All BLS, ACLS, & PALS Instructor Courses MUST have Prior Approval from Training Center Coordinator.  Only Training Center Facility can teach Instructor Courses. | |
| **BLS Instructor Course**  **ACLS Instructor Course**  **PALS Instructor Course** | |

**Course Date**: **Course End Date:**

**Course Start Time:**   **Course End Time:**

**# of Participants:** **Student to Manikin Ratio:**

**Course Location:**

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| **Instructor Name** | **Lead or assisting** | **Instructor EMAIL** |
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| **Do You Need Cards?**  Yes, Number of Cards Needed  No  **Payment:** Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check enclosed Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bill to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please make checks payable to:  **Wake Forest Baptist Health-CTC Dept. 322205**  **Attn: Community Training Center**  **Medical Center Blvd**  **Winston Salem, NC 27157**    Please email all typed rosters to: **LifesupportedAHWFB@advocatehealth.org**  (Mailed rosters will no longer be accepted) |

**Phone: (336) 716-9174 mail: lifesupportedAHWFB@advocatehealth.org Website:** wakehealth.edu/tc

**Participant Roster**

*Written test scores are required for BLS, ACLS, PALS Provider courses and all Instructor Courses. Pass or Fail is sufficient for Heartsaver Courses.*

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **MI** | **Last Name** | **Telephone #** | **Email address** | **Score** | **Remediated Score (If Applicable)** |
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Course Coordinator: Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Alternate phone number:

***I verify that all information is accurate, truthful and may be confirmed. This course was taught in accordance with AHA 2020 Guidelines.***

Course Coordinator Signature: Date:

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| **American Heart Association** | | | | | | |
| **Basic Life Support Course Evaluation** | | | | | | |
|  |  |  |  |  |  |  |
| **Instructor Name(s):** | | | | | | |
| **Course Type** (ex.HCP, HS, HS-AED, HS-Sch, F/F etc.)**:** | | |  |  |  |  |
|  |  |  |  |  |  |  |
| **Course Date(s): Course Time(s):** | | | | | | |
| **Please rate to what extent you achieved each of the following objectives during this course:** | | | | | | |
|  |  |  |  |  |  |  |
| **Upon completion of this course the participant will be able to:** | **Excellent** | **Good** | **Fair** | **Poor** | **N/A for this curriculum** | **Comments:** |
| Provide proper ventilations using mouth-to-mouth, BVM (HCP only) and mouth-to-barrier device. |  |  |  |  |  |  |
| Verbalize indications for and demonstrate use of the AED for adult and pediatric victims. |  |  |  |  |  |  |
| Demonstrate the recovery/side position for unconscious victims. |  |  |  |  |  |  |
| **Adult:** | | | | | | |
| Demonstrate proper rates and techniques for one and two rescuers (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Child:** | | | | | | |
| Demonstrate proper rates and techniques for one and two rescuers (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Infant:** | | | | | | |
| Demonstrate proper rates and techniques for one and two rescuers (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Rate the Instructor’s Overall Presentation:** | **Excellent** | **Good** | **Fair** | **Poor** |  | **Comments:** |
| How would you rate the instructor’s knowledge of the material? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Is there any additional instructional information you would like to see added to the course?** | | | | | | |
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| **Include any Additional Comments on the back of this page:** | | | | | | |
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| **Thank you for your interest in improving our courses.** | | | | | | |

