

Wake Forest Baptist Health

Training Center

AHA Course Roster - Effective October 6, 2023

Type of Course (Please check appropriate box):	
<input type="checkbox"/> BLS Provider	<input type="checkbox"/> ACLS Provider
<input type="checkbox"/> Heartsaver CPR in Schools (K-12) Child and Infant and First Aid- optional	<input type="checkbox"/> ACLS Update
<input type="checkbox"/> Heartsaver CPR AED Child and Infant -optional	<input type="checkbox"/> PALS Provider
<input type="checkbox"/> Heartsaver First Aid CPR AED Heartsaver Total, Child and Infant-optional	<input type="checkbox"/> PALS Update
<input type="checkbox"/> Heartsaver Pediatric First Aid CPR AED Heartsaver Pediatric Total, Pediatric First Aid, Child/Infant,Adult CPR- optional	<input type="checkbox"/> HEARTCODE BLS (AHA Completion Certificate must be attached)
<input type="checkbox"/> Heartsaver First Aid	<input type="checkbox"/> HEARTCODE ACLS (AHA Completion Certificate must be attached)
<input type="checkbox"/> Family & Friends	<input type="checkbox"/> HEARTCODE PALS (AHA Completion Certificate must be attached)
<input type="checkbox"/> 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: _____

<u>Instructor Name</u>	<u>Lead or Assisting</u>	<u>Instructor EMAIL</u>
Do You Need Cards? <input type="checkbox"/> Yes Number of Cards Needed _____ <input type="checkbox"/> No Payment: Amount _____ <input type="checkbox"/> Check enclosed Check # _____ <input type="checkbox"/> 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: Lifesupported@wakehealth.edu (Mailed rosters will no longer be accepted)

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.

[illegible]

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: _____

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 rescuer (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 rescuer (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 rescuer (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?

Include any Additional Comments on the back of this page:

Thank you for your interest in improving our courses.

		Life Support Education			
		American Heart Association			
		Heartsaver CPR with AED			
		Course Evaluation			
Course Date:					
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	Comments
AED - Recovery Position					
Demonstrate and Verbalize indications for use of the AED for adult and pediatric victims.					
Demonstrate and discuss the importance of the recovery (side lying) position for unconscious victims following arrest.					
Adult:					
Demonstrate the proper rates and technique for one rescuer CPR.					
Demonstrate the techniques for relief of choking (FBAO) in the conscious and unconscious victims.					
Child:					
Demonstrate proper rates and techniques for one rescuer CPR.					
Demonstrate the techniques for relief of choking (FBAO) in the conscious and unconscious victims.					
Infant:					
Demonstrate proper rates and techniques for one rescuer CPR.					
Demonstrate the techniques for relief of choking (FBAO) in the conscious and unconscious victims.					
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?					
Thank you for your interest in improving our courses.					