



**American Heart Association Emergency Cardiovascular Care Program**


Mail: Central Peninsula Hospital - AHA Training Center  
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**Lead Instructor information**


Name: \_\_\_\_\_  
email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_


Certification Type: \_\_\_\_\_   
AHA identification #: \_\_\_\_\_


Signature of Lead Instructor: \_\_\_\_\_

Assisting/Monitoring Instructors Name	Certification Type	Instructor Card Expiration Date	Role (Assisting/Monitoring) Monitoring papers attached 	Describe Role (Skills taught, checklist used / which instructor monitored)

**Course Information**

Date: \_\_\_\_\_ Course Taught: \_\_\_\_\_  Bill eCards to: \_\_\_\_\_  
Student/Manikin  
Start Time: \_\_\_\_\_ Ratio: \_\_\_\_\_  
End Time: \_\_\_\_\_ Location (City): \_\_\_\_\_

Intruction hours: \_\_\_\_\_ Manikins disinfected by (instructor name): \_\_\_\_\_ 

Course Date	First Name	Last Name	Email	Phone (Optional)	C / I 	Exam Score