



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: _____ Student/Manikin Ratio: _____ Bill eCards to: _____
Start Time: _____ End Time: _____ Location (City): _____

Intruction hours: _____ Manikins disinfected by (instructor name): _____

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