



Training Center Roster

NIACC OFFICE USE ONLY

Date Received _____
 Class ID # _____
 # of Students _____
 eCards sent _____

ALL INFORMATION MUST BE COMPLETED. Please print clearly.

COURSE INFORMATION

Check all completed modules under the course.

Heartsaver Total: First Aid / CPR-AED \$25.00
OSHA Approved
 Adult First Aid Child CPR-AED
 Adult CPR-AED Infant CPR

Heartsaver Online-Skills Test \$25.00
 Adult First Aid Child CPR-AED
 Adult CPR-AED Infant CPR

Heartsaver: Educator Course Path \$7.00
 Adult First Aid Child CPR-AED
 Adult CPR-AED Infant CPR

Heartsaver for Schools Free
 NO CARDS (Roster on File at the TC))
 10 students per roster

Heartsaver: Pediatric Total \$25.00
 Pediatric First Aid
 Child/Infant CPR-AED
 Adult CPR-AED Asthma Care

Heartsaver: Pediatric \$25.00
 Pediatric First Aid
 Child/Infant CPR-AED
 Adult CPR-AED Asthma Care

ASLS \$16.00
 Pre-Hospital
 In-Hospital
 Pre-Hospital & In-Hospital

Basic Life Support \$10.00
 Provider Renewal Heartcode

ACLS \$16.00
 Provider Update Heartcode

PALS \$16.00
 Provider Update Heartcode

PEARS \$16.00
 Provider Update

METHOD OF PAYMENT: Must be included

Cash: Amount: _____
 Check: Amount: _____ Check #: _____
 Credit Card:
 Number: _____
 Exp. Date: _____ 3 Digit Code: _____
 Cardholder Name & Address: _____

Bill to: _____

(Institutions ONLY)

Course Dates: Start _____ End _____ Course Times: Start _____ End _____ Total hours of instruction: _____

Location of Course: City _____ Building _____

Contact Person: _____ Email: _____ Phone: _____

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

LEAD INSTRUCTOR: Name: _____ AHA Instructor ID# _____
 Email Address: _____ Phone # _____

***SIGNATURE:** _____ Instructor/Student/Manikin Ratio _____|_____|_____

ASSISTING INSTRUCTOR:

Name _____ Training Center _____ AHA Instructor ID# _____

STUDENT SIGN-IN: ALL information is mandatory to issue course completion cards. PLEASE PRINT CLEARLY

	Name- as to appear on card	SSN	HOME address	Cell phone	Exam Score	Skills	Pre-Course Self Assessment
	Email Address	Last 4 digits	City, ST Zip		(%)	(P / F)	(ACLS/PALS)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SUBMIT BY:

Email Katrina.Hamilton@niacc.edu

NIACC Continuing Education
 Training Center Coordinator
 500 College Dr.
 Mason City, IA 50401

Katrina Hamilton 641-422-4161

Required Paperwork Checklist:

- ~Payment/Payment Information
- ~Heartcode Completion Certificates
- ~Remediation Test Sheet/Skills Checklist
 (above must be submitted with roster)