

PLEASE PRINT CLEARLY.....ILLEGIBLE PRINTING MAY RESULT IN ERRORS ON YOUR eCARD.

Name (First, MI, Last)		Currently Certified?	Address/City/State/Zip/Phone	Ethnicity Circle ALL that apply.	Test Score
1	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
2	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
3	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
4	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
5	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
6	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
7	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			
8	<input type="text"/>	Yes No		Pacific Islander/Hawaiian American Indian Asian Hispanic/Latino White African American	
	Signature	SS#			
	DOB:	Phone:			

TO BE FILLED OUT BY INSTRUCTOR

IMPORTANT! If this page is not filled out completely, all materials will be returned to you and it will delay students receiving eCards.

Select the DVD that was used in the course, then circle ALL optional areas that were included in the course.

HEARTSAVER FIRST AID <i>(This is a First Aid ONLY course.)</i>	N R	PEDIATRIC FIRST AID Adult CPR/AED Asthma Care video <i>(Written test optional.)</i>	N R	CPR for Friends & Family <i>(No eCard issued for this course.)</i>
HEARTSAVER FIRST AID/ CPR AED Adult CPR AED Child CPR Infant CPR <i>(Written test optional.)</i>	N R	HEALTHCARE PROVIDER <i>(The entire course must be taught.)</i>	N R	ACLS N R PALS N R PEARS N R Other _____ N = New R = Renewal
HEARTSAVER AED Adult CPR AED Child CPR Infant CPR <i>(Written test optional.)</i>	N R			

Course Name *(List all topics taught.)* _____

Course Start Date _____ Course End Date _____ Total Number of Students _____

Course Start Time _____ Course End Time _____ Total Number of Classroom Hours _____

Course Location Name _____ Address/City/State _____

Bill to (Company) _____ Address/City/State _____

Coordinator/Lead Instructor Name _____ ID# _____ Instructor Card Exp Date _____

Coordinator/Lead Instructor Email _____

Assisting Instructor Name _____ ID# _____ Instructor Card Exp Date _____

Assisting Instructor Name _____ ID# _____ Instructor Card Exp Date _____

Student-to-Manikin Ratio _____ Name of Person Decontaminating Equipment _____

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Course Director/Lead Instructor _____ **Date** _____



Please send all paperwork to:

Iowa Western Community College
 Continuing Education
 ATTN: TC Coordinator
 2700 College Road, Looft Hall
 Council Bluffs, IA 51503
ctc@iwcc.edu | 712.325.3446

For office use only

Date received completed roster _____

Date eCards issued _____ #of eCards issued _____

