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<th>Name (First, MI, Last)</th>
<th>Currently Certified?</th>
<th>Address/City/State/Zip/Phone</th>
<th>Ethnicity Circle ALL that apply.</th>
<th>Test Score</th>
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<tbody>
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|                        | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
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| 2 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
|   |                      |                             | American Indian                  |            |
|   |                      |                             | Asian                            |            |
|   |                      |                             | Hispanic/Latino                  |            |
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| 3 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
|   |                      |                             | American Indian                  |            |
|   |                      |                             | Asian                            |            |
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| 4 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
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| 5 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
|   |                      |                             | American Indian                  |            |
|   |                      |                             | Asian                            |            |
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| 6 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
|   |                      |                             | American Indian                  |            |
|   |                      |                             | Asian                            |            |
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| 7 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
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|   |                      |                             | Asian                            |            |
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| 8 | Yes      No          |                             | Pacific Islander/Hawaiian        |            |
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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.

<table>
<thead>
<tr>
<th>HEARTSAVER FIRST AID</th>
<th>N</th>
<th>R</th>
<th>PEDIATRIC FIRST AID</th>
<th>N</th>
<th>R</th>
<th>CPR for Friends &amp; Family</th>
<th>N</th>
<th>R</th>
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</thead>
<tbody>
<tr>
<td>(This is a First Aid ONLY course.)</td>
<td>N</td>
<td>R</td>
<td>Adult CPR/AED</td>
<td>N</td>
<td>R</td>
<td>(No eCard issued for this course.)</td>
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<tr>
<td>HEARTSAVER FIRST AID/ CPR AED</td>
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<td>Asthma Care video</td>
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<td>N</td>
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<tr>
<td>Adult CPR AED</td>
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<td>R</td>
<td>(Written test optional.)</td>
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<td>R</td>
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<tr>
<td>Child CPR</td>
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<td>Infant CPR</td>
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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 712.325.3415

For office use only

Date received completed roster ____________________________

Date eCards issued ____________________________  # of eCards issued ____________________________