

Received	
Entered	
Paid/Inv	
Mailed	

ECC Programs Course Roster

ALL ROSTERS MUST BE TYPED FOR ACCURACY. Incomplete rosters will extend processing time. Email roster to aha@laniertech.edu.

Select The Course Taught:	
Course Location:	
Course Coordinator's Name:	
Coordinator's Phone Numbers:	
Coordinator's Address:	
City, State, and Zip Code:	
Coordinator's E-mail Address:	

Course Type
<input type="checkbox"/> Initial
<input type="checkbox"/> Recertification

<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	
Include PO# if requesting invoice.		
If paying by Credit Card you will be called when cards are ready.		

<input type="checkbox"/> ACLS/PALS Physician Available	Physician's Name:		Manikins Cleaned By:			
Course Start Date:		Course End Date:		Student to Manikin Ratio:		Total # of Cards Needed
Course Start Time:		Course End Time:		Total Hours of Instruction:		

List Assisting Instructors / Specialty Faculty and their Affiliated Training Center (TC)

01:		TC:		06:		TC:	
02:		TC:		07:		TC:	
03:		TC:		08:		TC:	
04:		TC:		09:		TC:	
05:		TC:		10:		TC:	

I verify this information is correct and it may be confirmed. I further attest that this course was conducted according to AHA standards.

Date:		# of Participants:		Signature of Course Coordinator:	
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Course Participant		Complete?		First Time Student		Score
01		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
02		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
03		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
04		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
05		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
06		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
07		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
08		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
09		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	