

BREMSS / AHA ECC TRAINING CENTER

HEARTSAVER K-12 TRAINING FORM

In order to submit a roster under the “Heartsaver K-12” course, we must have this form on file prior to the class being taught. Please complete the information requested below and email to bremssctc@uab.edu as soon as possible.



Course Date & Time: _____

Course Location: _____

Lead Instructor: _____

Email Address: _____

Office (____) _____ - _____ Cell (____) _____ - _____

Number of prospective students (Complete Attached Roster) _____

Check all who will be attending this course: Students Faculty Staff

** The Heartsaver for K-12 Schools course completion card may be provided by AHA Training Center Coordinators to K-12 school students, faculty, and staff who successfully complete an AHA Heartsaver First Aid CPR AED, Heartsaver CPR AED, or Heartsaver First Aid Course. “Faculty” refers to teachers and coaches; “staff” refers to an employee of a K-12 school or K-12 school system.*

Please indicate all Heartsaver modules to be completed at this course:

Child CPR/AED Infant CPR First Aid

Will you have sufficient faculty to observe AHA recommended instructor/student ratios? (6 students, 2 manikins, 1 instructor – 6:2:1) Yes No

What is your plan for assuring appropriate equipment availability and maintaining AHA recommended student/manikin ratios?

- All necessary equipment is available at this site
- Anticipate loan of equipment from BREMSS (Attach list of needed items)

WHEN SUBMITTING THE ROSTER IN THE BREMSS INSTRUCTOR PORTAL, PLEASE SELECT “eCard – Heartsaver for K-12 Schools” IN THE COURSE DROP DOWN LIST FOR THE \$7 CARD TO BE ISSUED.

BREMSS use only:

Form Receipt Date: _____ Course Approval & Date: _____

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HEARTSAVER K-12 COURSE ROSTER

Please complete the course roster or attach a copy of your prospective roster.

Name of School: _____ Lead Instructor: _____

	Name	Role in K-12 Organization	Email Address
1			
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