



The Colorado Cardiopulmonary Resuscitation Association

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 Email: cocprasn@comcast.net ∞ Website: www.cocprasn.com

We thank you for printing legibly!

Course Roster

Instructor Information

Lead Instructor (Print) _____ Card Renewal Date ___/___/___
 Address _____
 City, State, Zip _____/_____/_____
 Phone (H) _____ Phone (W) _____
 Course Location _____
 Instructor email _____

Course Information

Course Date ___/___/___ Total Number of Students in Course _____

Card Information

BLS eCARD price.....\$5.00 EACH
 Heartsaver eCARD price\$17.00 EACH (Members)
 Heartsaver eCARD price.....\$20.00 EACH (Non members)

Payment Information

Check enclosed (Payable to Colorado CPR) CK# _____
 Credit Card # _____ Exp date ___/___/_____
 Account Deduction (Specify account holder’s name) _____
 Monthly Invoice (Specify company, must be set up for this option) _____

Printing fee for paperwork \$1 PER PAGE

Mark ONE course box in accordance with the video and books that were used, including checking all modules that were completed.

- BLS Provider Course New _____ Recertification__ Online Check Off (with certificate) _____
 Heartsaver Adult First Aid with CPR/AED Course – Adult CPR/AED _____ Child CPR/AED _____ Infant CPR/AED _____
 ○ Online Check Off (with certificate) _____
 Heartsaver CPR/AED – Adult _____ Child _____ Infant _____ Online Check Off (with certificate) _____
 Heartsaver First Aid Course _____ Online Check Off (with certificate) _____
 Pediatric First Aid – Adult CPR/AED _____ Child CPR/AED _____ Infant CPR/AED _____ Online Check Off (with certificate)_____
 ACLS Provider – New _____ Recertification _____
 Instructor – New (With Essentials Certificate) _____ Recertification _____

I attest that this course has been conducted under standards and procedures established by the American Heart Association.

[Please Print & Sign]

Signature of Lead Instructor x _____

Assistant Instructor x _____

Revised 10/17

Per AHA Guidelines, this form must be turned into the Colorado CPR Association within 10 days of course date.

Colorado CPR Association Liability Statement

The course for which you are enrolled may include physical strain, possibility for cross infection and emotional stress. CPR is very strenuous both in practicing on the manikin and performing CPR on a cardiac arrest victim. If you have any medical conditions or cardiovascular disease history that may be aggravated by this course, please consult your physician as to whether you should participate in a CPR course. If you have any reservations about your ability to perform CPR on a cardiac arrest victim, you may want to reconsider taking this course. If you have recently had any infectious disease, including upper respiratory infection or open sores on your mouth and/or hands, it is imperative to reschedule your course. *Please note: You will have to be physically able to perform your CPR skills on the floor.*

*****I have read all the above statements and absolve The Colorado CPR Association and The American Heart Association and instructors from any liability associated herewith. I do not currently have any infectious disease.**

Please PRINT legibly.

| Student Name <i>Print Legibly</i> | Email address | Phone Number Including Area Code | Course Percentage |
|--------------------------------------|---------------|-------------------------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

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