

CPR Plus

1013 Logan Ave. Cheyenne, WY 82001 307-426-4007 Fax 307-778-3632 Cprpluswyoming.com

Course Roster

Instructor/Course Information:

Lead Instructor Name:	Phone #:	
Course Location (City):		
DATE Course Taught:	Total Number of Students	a Taught:
E- Card Prices: BLS Provider Heartsaver Cards (CPR, First Aid, C Heartsaver for K-12 (staff and stud		15.00 each 20.00 each 7) 5.00 each
Payment Information: Please mark your method o	f payment below	
Check (Make payable to CPR Plus) or cash		
Invoice: Send to (name and address)		
Credit Card #	Exp. Date: _	CVV
	Billing zip code _	
Check the course and boxes in accordance with the completed the same modules. If students completed diff	erent modules, they must be	e submitted on separate rosters.
BLS Provider	tineates of completion in	iust be meluucu with the roster
Heartsaver First Aid /Adult CPR /AE	D	
\Box Child CPR AED \Box Infant (
🗆 Heartsaver 🛛 Total 🛛	Office 🗆 Educato	r
Heartsaver Adult CPR AED		
🗆 Child CPR AED 🛛 Infant	CPR	
First Aid \Box Heartsaver \Box Tot	al \Box Office \Box E	ducator
Heartsaver Pediatric First Aid CPR A	ED 🛛 Adult CPF	R
Heartsaver for K-12 Schools □Adu	t/ Child CPR AED \Box	Infant CPR 🛛 First Aid
I verify that this information is accurate and truthful a accordance with AHA guidelines.	nd that it may be confirmed	d. This course was taught in

Lead Instructor: X______ Assistant Instructor: X______



CLASS ROSTER

PRINT First and Last Name. No Middle Initials Cell number - optional	Email Address	Skills Test Pass/Fail	Written exam Score BLS only
1.			
Cell Phone -			
2.			
Cell Phone -			
3.			
Cell Phone -			
4.			
Cell Phone -			
5.			
Cell Phone -			
6.			
Cell Phone -			
7.			
Cell Phone -			
8.			
Cell Phone -			
9.			
Cell Phone -			