# CPR Plus

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

## Course Roster

Please fill out all sections completely

**Instructor/Course Information:**

Lead Instructor Name: _____ Phone #: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Course Location (City): _____

DATE Course Taught: _____ Total Number of Students Taught: _____

**CPR Card Prices: All Heartsaver Cards (CPR, FA, CPR/FA) 20.00 per card. BLS 5.00 per card**

Please mark how you would like your CPR Cards distributed below

_____ Send typed cards directly to each student
_____ Send typed cards to Instructor or Designated contact

Mail Cards to ( if different than above ) _____

_____
(Street Address) (City) (State) (Zip Code)

***Replacement card fee – 25.00 each.***

**Payment Information:**

Please mark your method of payment below.

_____ Check (Make payable to CPR Plus) or cash
_____ Credit Card # _____ _____ Exp. Date: _____ CVV _____

Billing zip code _____

_____ Invoice (Must be set up for this payment option)

**American Heart Association Course Information**

Mark **ONE** course in accordance with the video & books used and **CIRCLE** all modules that were completed.

**Please Note: All students on roster must have completed the same modules. If students completed different modules, they must be submitted on separate rosters.*
***CPR Plus will issue cards as marked. We are NOT responsible for mis-marked rosters, and there will be a fee to re-issue cards.*

_____ BLS Provider: Online Check-Off (w/certificates)
_____ Heartsaver CPR/AED: Adult Child Infant On-line check-off
_____ Heartsaver First Aid ONLY (do not mark if CPR was taught) On-line check off
_____ Heartsaver First Aid with: (circle) Adult CPR/AED Child CPR/AED Infant CPR On-line check off
_____ Pediatric First Aid: Adult/Child CPR/AED Infant CPR 20 min Asthma On-line check off
_____ Instructor: New (with certificates) Recertification

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

Lead Instructor: X_____ Assistant Instructor: X_____

11-1-17

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## 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 on hands, it is imperative to defer manikin practice.

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

**NOTE TO CPR INSTRUCTORS & STUDENTS: CPR Plus is not responsible for misspelled names due to illegible handwriting.**

| Student Name (PRINT legibly) | Mailing Address (Include City, State, Zip Code) | Phone Number (w/area code) | Skills Test Pass/Fail | Written Test score Percentage |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

**This form must be turned into the CPR Plus within 20 days of course.**