

# 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 #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Course Location (City): \_\_\_\_\_

DATE Course Taught: \_\_\_\_\_ Total Number of Students Taught: \_\_\_\_\_

#### E- Card Prices:

|  |             |                        |
|--|-------------|------------------------|
| BLS Provider                                 | 5.00 each   | Replacement 10.00 each |
| Heartsaver for K-12                          | 5.00 each   | Replacement 10.00 each |
| Heartsaver Cards<br>(CPR, First Aid, CPR/FA) | 20.00 each. | Replacement 25.00 each |

#### Payment Information: Please mark your method of payment below

\_\_\_\_\_ Check (Make payable to CPR Plus) or cash

\_\_\_\_\_ Invoice (Must be set up for this payment option)

\_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

Billing zip code \_\_\_\_\_

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 e-cards.*

\_\_\_\_\_ BLS Provider: \_\_\_\_\_ Online Check-Off

\_\_\_\_\_ 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 K-12 (circle) Adult CPR Child CPR Infant CPR First Aid

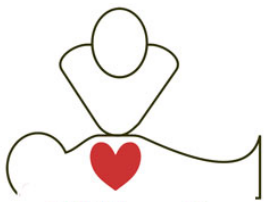
\_\_\_\_\_ Heartsaver First Aid with: (circle) Adult CPR/AED Child CPR/AED Infant CPR \_\_\_\_\_ On-line check off

\_\_\_\_\_ Pediatric First Aid: Adult 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 \_\_\_\_\_



# CLASS ROSTER

| <i><b>PRINT NAME AND EMAIL</b></i><br><i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i> | <i>Address/Telephone</i> | <i>Skills<br/>Pass/Fail</i> | <i>Written exam<br/>Score<br/>BLS only</i> |
|---|--------------------------|-----------------------------|--|
| 1.  |                          |                             |  |
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| 2.  |                          |                             |  |
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| 4.  |                          |                             |  |
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| 5.  |                          |                             |  |
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| 6.  |                          |                             |  |
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| 7.  |                          |                             |  |
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| 8.  |                          |                             |  |
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| 9.  |                          |                             |  |
|   |                          |                             |  |
| 10.   |                          |                             |  |
|   |                          |                             |  |

**This form must be turned into the CPR Plus within 10 days of course.**