

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

#### E- Card Prices:

BLS Provider	10.00 each	Paper Replacement 15.00 each
Heartsaver for K-12	5.00 each	Paper Replacement 10.00 each
Heartsaver Cards (CPR, First Aid, CPR/FA)	20.00 each.	Paper Replacement 25.00 each

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

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

\_\_\_\_\_ Invoice: Send to (name and address) \_\_\_\_\_

\_\_\_\_\_ 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.*

\_\_\_\_\_ 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

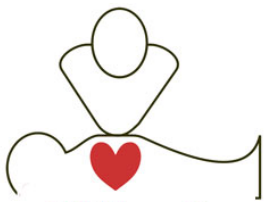
\_\_\_\_\_ Heartsaver First Aid with: (circle) Adult CPR/AED Child CPR/AED Infant CPR \_\_\_\_\_ On-line check off

\_\_\_\_\_ 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> <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 Pass/Fail</i>	<i>Written exam Score BLS only</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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