

Organization: _____ **Address:** _____ **ZIP:** _____

Date: _____ **Start Time:** _____ **End Time:** _____ **Total Hours:** _____ **Total Days:** _____

of INITIAL students: _____ **: # of RENEWAL students** _____, **# of INC students:** _____; **Student/Manikin Ratio:** _____ (**Max = 3:1**)

Instr/Student Ratio: (Max: 1:6) **Manikin decon following CSC policy by:**

~~~~~

**Lead Instr:** \_\_\_\_\_ **Instr Phone #:**        -        -        *Cards to be picked up by instructor* \_\_\_\_\_

| Asst Instrs | 1) | 2) | 3) |
|-------------|----|----|----|
|             |    |    |    |

**INSTRUCTOR COMMENTS (include remediations):** *Note: Students need a score of 84% or above on the written test to pass or they **MUST** be remediated.*

**I acknowledge by signing below that above class was taught to AHA guidelines. I also either gave or verified the students received a book and have attached proof of either.**

**Instructor Signature:** \_\_\_\_\_ **Date:**     /     /

[illegible]

# PLEASE - NEATLY PRINT INFORMATION

Write grade less than 84. Fill Passing grade later  
Practical & Final  
P- Pass, R- Remediate, I- Inc.

COURSE  
DATES

80  
92

|    | BLS | REN | FIRST NAME | LAST NAME | ADDRESS (Street, City, State) | ZIP CODE | PHONE |  |  |  | WRIT. | PRAC | FIN | INC | PD | AMT |
|----|-----|-----|------------|-----------|-------------------------------|----------|-------|--|--|--|-------|------|-----|-----|----|-----|
| 1  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 2  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 3  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 4  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 5  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 6  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 7  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 8  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 9  |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |
| 10 |     |     |            |           |                               |          |       |  |  |  |       |      |     |     |    |     |
|    |     |     | EMAIL:     |           |                               |          |       |  |  |  | X     |      |     |     |    |     |