



Saving Lives Through
Education And Training

Return To:
Operation Life Saver
P.O. Box 77207
Baton Rouge, LA 70879
(225) 753-7716

**OPERATION LIFE SAVER
TRAINING CENTER**

Authorized Provider
of CPR and ECC Courses



Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program
Pediatric First Aid Course Roster

PLEASE CHECK ALL MODULES TAUGHT

- Pediatric First Aid
- Asthma Care Video For Childcare Providers
- Written Test
- Adult CPR AED
- Child/Infant CPR AED

Training Center Name OPERATION LIFE SAVER

Course Date: _____

Course Location _____

Lead Instructor or Course Director:

Name _____

Mailing Address _____

Home Phone _____ Work Phone _____

Instructor Level _____

Assistant Instructor's Name	Address	Module/Station	I-Card/Exp. Date
1...			
2...			
3...			
4...			

Course Start Date/Time	Course End Date/Time	Total Hours of Instruction	

Monitor's Name	Instructor Level	Candidate Name	Candidate Name

Check enclosed for \$_____ for:

- _____ Pediatric First Aid
- _____ Adult CPR AED
- _____ Child/Infant CPR AED

Satisfactory

Unsatisfactory

Satisfactory

Unsatisfactory

I verify that the following information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the AHA 2015 Guidelines.

Signature Course Director: _____ Date _____

PARTICIPANT LIST

PLEASE PRINT CLEARLY - Form must be complete and legible.

	First Name	MI	Last Name	Address	Phone Number	Course Completed	Remediation Provided/Date Completed	Written Test Score
1						Y	N	
2						Y	N	
3						Y	N	
4						Y	N	
5						Y	N	
6						Y	N	
7						Y	N	
8						Y	N	
9						Y	N	
10						Y	N	
11						Y	N	
12						Y	N	
13						Y	N	
14						Y	N	
15						Y	N	