**Wake Forest Baptist Health**

*Training Center*

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| AHA Course Roster - Effective October 6, 2023 |

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| Type of Course (Please check appropriate box): |
| [ ]  **BLS Provider**  | [ ]  **ACLS Provider**  |
| [ ]  **Heartsaver CPR in Schools (K-12)**Child and Infant and First Aid- optional | [ ]  **ACLS Update** |
| [ ]  **Heartsaver CPR AED**Child and Infant -optional | [ ]  **PALS Provider** |
| [ ]  **Heartsaver First Aid CPR AED** Heartsaver Total, Child and Infant-optional | [ ]  **PALS Update** |
| [ ]  **Heartsaver Pediatric First Aid CPR AED**Heartsaver Pediatric Total, Pediatric First Aid, Child/Infant,Adult CPR- optional | [ ]  **HEARTCODE BLS**  (AHA Completion Certificate must be attached) |
| [ ]  **Heartsaver First Aid** | [ ]  **HEARTCODE ACLS** (AHA Completion Certificate must be attached) |
| [ ]  **Family & Friends**  | [ ]  **HEARTCODE PALS** (AHA Completion Certificate must be attached) |
| [ ]  **PEARS Provider** | (Please indicate optional choices on evaluation |
|  |
| All BLS, ACLS, & PALS Instructor Courses MUST have Prior Approval From Training Center Coordinator.Only Training Center Facility can teach Instructor Courses. |
| [ ] **BLS Instructor Course** [ ]  **ACLS Instructor Course** [ ]  **PALS Instructor Course** |

**Course Date**: **Course End Date:**

**Course Start Time:**   **Course End Time:**

**# of Participants:** **Student to Manikin Ratio:**

**Course Location:**

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| **Instructor Name** | **Lead or Assisting** | **Instructor EMAIL** |
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| **Do You Need Cards?**[ ]  Yes Number of Cards Needed [ ]  No **Payment:** Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Check enclosed Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Bill to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please make checks payable to: **Wake Forest Baptist Health-CTC Dept. 322205****Attn: Community Training Center****Medical Center Blvd****Winston Salem, NC 27157**Please email all typed rosters to: **Lifesupported@wakehealth.edu** (Mailed rosters will no longer be accepted) |

**Phone: (336) 716-9174 mail: lifesupported@wakehealth.edu Website:** [**www.wakehealth.edu/tc**](http://www.wakehealth.edu/tc)

**Participant Roster**

***Written test scores are required for BLS, ACLS, PALS Provider courses and all Instructor Courses. Pass or Fail is sufficient for Heartsaver Courses.***

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **MI** | **Last Name** | **Telephone #** | **Email address**  | **Score** | **Remediated Score (If Applicable)** |
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Course Coordinator: Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: Alternate phone number:

***I verify that all information is accurate, truthful and may be confirmed. This course was taught in accordance with AHA 2020 Guidelines.***

Course Coordinator Signature: Date:

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| **American Heart Association** |
| **Basic Life Support Course Evaluation** |
|  |  |  |  |  |  |  |
| **Instructor Name(s):**  |
| **Course Type** (ex.HCP, HS, HS-AED, HS-Sch, F/F etc.)**:** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Course Date(s): Course Time(s):**  |
| **Please rate to what extent you achieved each of the following objectives during this course:** |
|  |  |  |  |  |  |  |
| **Upon completion of this course the participant will be able to:** | **Excellent** | **Good** | **Fair** | **Poor** | **N/A for this curriculum** | **Comments:** |
| Provide proper ventilations using mouth-to-mouth, BVM (HCP only) and mouth-to-barrier device. |  |  |  |  |  |   |
| Verbalize indications for and demonstrate use of the AED for adult and pediatric victims. |  |  |  |  |  |   |
| Demonstrate the recovery/side position for unconscious victims. |  |  |  |  |  |   |
| **Adult:** |
| Demonstrate proper rates and techniques for one and two rescuer (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Child:** |
| Demonstrate proper rates and techniques for one and two rescuer (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Infant:** |
| Demonstrate proper rates and techniques for one and two rescuer (HCP only) CPR. |  |  |  |  |  |  |
| Demonstrate choking/FBAO techniques for conscious and unconscious victims. |  |  |  |  |  |  |
| Demonstrate proper techniques and rate for rescue breathing (HCP only). |  |  |  |  |  |  |
| **Rate the Instructor’s Overall Presentation:** | **Excellent** | **Good** | **Fair** | **Poor** |  | **Comments:** |
| How would you rate the instructor’s knowledge of the material? |  |  |  |  |  |   |
|  |  |  |  |  |  |  |
| **Is there any additional instructional information you would like to see added to the course?**   |
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| **Include any Additional Comments on the back of this page:**   |
|
| **Thank you for your interest in improving our courses.**  |

