

1 South Park Circle
 Suite 300
 Charleston, SC 29407

Community Training Center Course Roster

Phone: 843.876.8696
 Fax: 843.876.8738
 Website: muschealth.org/ctc

<u>Type of Course</u>	<u>Provider</u>	<u>Renewal</u>	<u>Blended Learning</u>
BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR for Family & Friends.....	<input type="checkbox"/>		
Heartsaver CPR AED.....	<input type="checkbox"/>		<input type="checkbox"/>
Optional Modules: <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR			
Heartsaver First Aid.....	<input type="checkbox"/>		<input type="checkbox"/>
Heartsaver First Aid CPR AED.....	<input type="checkbox"/>		<input type="checkbox"/>
Optional Modules: <input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR			
Heartsaver Pediatric First Aid CPR AED.....	<input type="checkbox"/>		<input type="checkbox"/>
Optional Modules: <input type="checkbox"/> Adult CPR AED <input type="checkbox"/> Asthma Care Video			
ACLS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEARS.....	<input type="checkbox"/>	<input type="checkbox"/>	
BLS Instructor.....	<input type="checkbox"/>		
Heartsaver Instructor.....	<input type="checkbox"/>		
ACLS Instructor.....	<input type="checkbox"/>		
PALS Instructor.....	<input type="checkbox"/>		
PEARS Instructor.....	<input type="checkbox"/>		
Course Date: _____ Total Hours Instruction: _____ # Students: _____			
Student / Manikin Ratio: _____ Student / Instructor Ratio: _____			
Course Location: _____			
K-12 School Name(if applicable): _____			

Lead Instructor: _____

Email: _____

Cell Phone: _____ Work Phone: _____

My signature below attests that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with the policies and procedures set forth by the American Heart Association and the MUSC CTC.

 (Lead Instructor signature)

Card Information

Card Pricing: (1-1-18)

BLS Cards = \$7.00
 Heartsaver Cards = \$20.00
 ACLS/PALS/PEARS Cards = \$8.00
 K-12 Schools Cards = \$5.00

Payment: _____ Amount: _____

____ Credit Card *Check#: _____

____ Invoice: _____

*Make checks payable to: MUSC CTC

CTC Use Only:	Date Roster Received: _____	Processed by: _____
	Date e-Cards Distributed to Instructor(if applicable): _____	TC Command: _____