

1 South Park Circle
Suite 300
Charleston, SC 29407

Community Training Center Course Roster

Phone: 843.876.8696
Email: muscctc@musc.edu
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"/>
<input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> Exam			
Heartsaver First Aid	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Exam			
Heartsaver First Aid CPR AED	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR			
<input type="checkbox"/> Exam <input type="checkbox"/> Heartsaver Total <input type="checkbox"/> Office <input type="checkbox"/> Educator			
Heartsaver Pediatric First Aid CPR AED	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Adult CPR <input type="checkbox"/> Exam			
<input type="checkbox"/> HS Pediatric Total <input type="checkbox"/> Babysitter <input type="checkbox"/> Water Safety			
Heartsaver for K-12 Schools (Include school name below) <input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Child CPR AED <input type="checkbox"/> Infant CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Exam			
ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEARS	<input type="checkbox"/>		
Instructor course:			
<input type="checkbox"/> Heartsaver <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> PEARs <input type="checkbox"/> BLS			
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: (as of 8-1-22)

BLS/PEARS cards = \$8.00

ACLS/PALS cards = \$9.00

Heartsaver cards = \$20.00

K-12 Schools cards = \$5.00

☐ I used ecards from a location bank. Don't send ecards.

Payment: _____ Amount: _____

Credit Card (call CTC for payment)

Invoice (name and email address):

*Make checks payable to: MUSC CTC

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

Processed by: _____
TC Command: _____