



E-CARDS



Continuing Education

American Heart Association Emergency Cardiovascular Care Program Course Roster

****Note: Please fill out roster completely to avoid any delay in processing the information.****

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> BLS Healthcare Provider E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> ACLS Provider E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> PALS Provider E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> HS First Aid CPR AED E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> HS CPR AED E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> HS First Aid E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> HS Pediatric First Aid CPR AED E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> K-12 HS First Aid CPR AED E-Card | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |

Instructors Name: _____

Phone Number: _____

Course Location*: _____

**Location will be printed on card*

Course Start Date/Time: _____

Course End Date/Time: _____

Total Hours of Instruction: _____

Training Center Name: Gwinnett Technical College CTC
5150 Sugarloaf Parkway Lawrenceville, GA 30043
678-226-6254

Assisting Instructors/Specialty Faculty:

1.	4.
2.	5.
3.	6.

I verify that this information is accurate, truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Course Director/Lead Instructor: _____ **Date:** ____/____/____

SUBMIT VIA: E-mail— CommunityTraining@GwinnettTech.edu

Office Use Only:

Date Rcvd: _____ **Amount Rcvd:** _____

Payment Type: Online Payments only



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PLEASE PRINT CLEARLY

****Note:** Please print legibly to avoid any delay in processing the information.**

Date _____ Course _____ Instructor _____

Please PRINT your name as you wish it to appear on your card	E-mail	Phone	Examination Score	Remediation Provided/ Date Completed	Course Completed	Date Card Issued
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	

Check which applies: _____ ROSTER TO BE FILED _____ ROSTER TO BE PRINTED