



# 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.\*\***

- BLS Healthcare Provider E-Card
- ACLS Provider E-Card
- PALS Provider E-Card
- HS First Aid CPR AED E-Card
- HS CPR AED E-Card
- HS First Aid E-Card
- HS Pediatric First Aid CPR AED E-Card
- K-12 HS First Aid CPR AED E-Card

- Initial       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](mailto: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/<br>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