

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

**HEARTSAVER FIRST AID COURSE ROSTER**

Mail roster to: REMSCO, 475 Riverside Drive, **Suite 1929**, New York, NY, 10115 or **FAX** to: (212) 870-2302

**PRINT CLEARLY**

Lead Instructor: \_\_\_\_\_ Daytime Tel #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street city/state zip code

Course Location: \_\_\_\_\_

<b>Mailing Address for cards:</b>	<b>Name of Person To Receive Cards</b> _____
Organization Name _____	
Dept/Room #/Building _____	
Address _____	
street	city, state zip code

**Assisting Instructors\***

Assisting Instructors must have completed Heartsaver First Aid Instructor Course.

Name	SS#	Level of Certification	Exp. Date
1.			
2.			
3.			

*\*If the Assisting Instructors are not AHA/REMSCO Instructors, a copy of their current card must be attached to each roster submitted.*

**Course Information:**

<b>BCLS:</b>	• First Aid	• Adult CPR only
\$5.00	• Adult CPR & AED	• Environmental
card fee	• Child CPR only	• Child CPR & AED • Infant CPR

# of Students Enrolled: \_\_\_\_\_ # of Students Completed \_\_\_\_\_

Course Dates: \_\_\_\_\_  
date started date completed total # of hours

Fee for Cards: Amount Enclosed \$ \_\_\_\_\_ (Checks payable to REMSCO)

**For Office Use Only:**

DATE REC'D: \_\_\_\_\_ ACTIVITY RECORDED: \_\_\_\_\_ DATE CARDS ISSUED: \_\_\_\_\_

Cards Issued # \_\_\_\_\_ to # \_\_\_\_\_

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LAST Name (Type or Print <b>Clearly</b> )	FIRST Name (Type or Print <b>Clearly</b> )	Home Address	Skills P=Pass, F= Fail	Exam (Indicate Score)	(For Office Use) Card #
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I certify that this course has been conducted in accordance with the guidelines of the Regional Emergency Medical Services Council of New York City and the AHA/NYC Affiliate.

\_\_\_\_\_  
Signature

Number of Addendums Attached: \_\_\_\_\_

**Please remember to file separate rosters for each course, fill in *all* information, include a daytime phone number, and keep a copy of this roster for at least three (3) years.**