



Health Education Strategies Training Site

11460 Telegraph Rd – Taylor, MI 48180
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American Heart Association®

AUTHORIZED TRAINING CENTER

American Heart Association Emergency Cardiovascular Care Programs

- BLS Course
 BLS Renewal
 Heartsaver CPR AED
 Heartsaver First Aid CPR AED
 Heartsaver First Aid
 Heartsaver Pediatric First Aid CPR AED
 Heartsaver K-12 Schools

eLearning

- HeartCode BLS
 Heartsaver First Aid CPR AED
 Heartsaver CPR AED
 Heartsaver First Aid
 Heartsaver Pediatric First Aid CPR AED

Additional Courses

- Familv & Friends CPR
 Bloodborne Pathogens (BBP)

Course Information

Module Completed (HEARTSAVER ONLY)

This course included the following Heartsaver CPR AED/K-12 core components:
 (Check **COURSE PATH** and **COMPONENTS** that apply)

- Heartsaver
 Heartsaver Total
 Office
 Educator
 Adult CPR AED
 Child CPR AED
 Infant CPR
 First Aid

Course Location Name: _____
 Address: _____

Instructor Information

Lead Instructor _____

Lead Instructor ID# _____
 Status Renewal Date: _____

Status: BLS Instructor
 HS Instructor
 BLS TCF/RF
 Training Center: **SCMH** ID#: **MI03588**
 Training Site Name: **Health Education Strategies LLC**
 Address: **11460 Telegraph Rd**
 City, State ZIP **Taylor, MI 48180**

Course Start Date/ Time _____

Course End Date/ Time _____

Total Hours of Instruction _____

Student-Manikin Ratio _____

OFFICE USE ONLY: # of Cards Issued: _____ Issue Date of Cards: _____


Assisting Instructor (Attach copy of Instructor card for Instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

 Signature of Lead Instructor

 Date

Date _____ Course _____ Lead Instructor _____ OVER PLEASE  ID# _____

COURSE PARTICIPANTS

NAME and Email Please PRINT as you wish your name to appear on your card Please print email address LEGIBLY .	Mailing Address City, State ZIP-Postal Code	Telephone	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1. _____ Email:					
2. _____ Email:					
3. _____ Email:					
4. _____ Email:					
5. _____ Email:					
6. _____ Email:					
7. _____ Email:					
8. _____ Email:					
9. _____ Email:					
10. _____ Email:					