

WVPST Martinsburg Training Center CPR Course Roster Must be typed when submitted to WVPST



MAIL CARDS TO: _____ Cards Mailed: _____

WVPST Class Number

PRIMARY INSTRUCTOR'S NAME	Instructor ID #	PRIMARY TRAINING CENTER AFFILIATION	RANK
ASSISTING INSTRUCTOR(S). Attach copy of AHA instructor card for instructors aligned with other than EPIC Training Center.	Instructor ID #	PRIMARY TRAINING CENTER AFFILIATION	RANK

Course Location	Date(s) Conducted	Total Hours	Type of Course	Initial	Renewal

Student /Manikin Ratio

I verify that the manikins used in this course were cleaned in accordance with AHA standards. _____
Primary Instructor's Signature

Return this roster, along with any answer sheets, evaluation forms, and practical skills sheets to the WVPST Martinsburg Office.

No.	Student Name First Last	STUDENT Birth Date MM/DD/YYYY	Student email address	Score	Remedial
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this course. Use of these materials in an educational course does not represent course sponsorship by the American heart Association, and fees charged for such a course do not represent income to the association.