



**MECTA, Inc. • American Heart Association Emergency Cardiovascular Care Program  
Course Roster**

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> <b>HCP- BLS</b>                     | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |
| <input type="checkbox"/> <b>Heartsaver CPR</b>               | <input type="checkbox"/> Adult   | <input type="checkbox"/> Child <input type="checkbox"/> Infant |
| <input type="checkbox"/> <b>Heartsaver AED</b>               | <input type="checkbox"/> Adult   | <input type="checkbox"/> Child <input type="checkbox"/> Infant |
| <input type="checkbox"/> <b>Heartsaver First Aid -PEDI</b>   | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |
| <input type="checkbox"/> <b>Heartsaver First Aid/CPR/AED</b> | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |
| <input type="checkbox"/> <b>CPR for Family &amp; Friends</b> |                                  |  |
| <input type="checkbox"/> <b>CPR in Schools</b>               |                                  |  |
| <input type="checkbox"/> <b>ECSI First Aid / CPR</b>         | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |
| <input type="checkbox"/> <b>BLS Instructor</b>               | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |
| <input type="checkbox"/> <b>BLS Training Center Faculty</b>  | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal                               |

Training Center: **MA. Emergency Care Training Agency – MECTA**

Training Site Name: \_\_\_\_\_

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

Course Director: \_\_\_\_\_

Mail Cards To: \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_  
 Student-to-Manikin Ratio \_\_\_\_\_ Number of Cards Issued \_\_\_\_\_

<b>Assisting MECTA Instructors</b>									
<i>Name</i>	<i>Inst.</i>	<i>Card</i>	<i>Exp. Date</i>	<i>Module/Station</i>	<i>Name</i>	<i>Inst.</i>	<i>Card</i>	<i>Exp. Date</i>	<i>Module/Station</i>
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 the AHA 2005 guidelines.**

\_\_\_\_\_  
Signature of Course Director/Lead Instructor

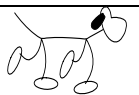
\_\_\_\_\_  
Date

\*Student taking this AHA course for the first time.

**Course Participants**

**PLEASE PRINT**

NAME: PRINT your name as you wish it to appear on your card.	Address	Phone	First-Time Student*	Exam Score	Remediation Provided/Date Completed	Course Completed	Date Card Issued
1.			Y N			Y N	
2.			Y N			Y N	
3.			Y N			Y N	
4.			Y N			Y N	
5.			Y N			Y N	
6.			Y N			Y N	
7.			Y N			Y N	
8.			Y N			Y N	
9.			Y N			Y N	
10.			Y N			Y N	
11.			Y N			Y N	
12.			Y N			Y N	
13.			Y N			Y N	
14.			Y N			Y N	
15.			Y N			Y N	
16.			Y N			Y N	



\*Student taking this AHA course for the first time.