2011

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

☐ **HCP- BLS** ☐ Initial ☐ Renewal
☐ **Heartsaver CPR** ☐ Adult ☐ Child ☐ Infant
☐ **Heartsaver AED** ☐ Adult ☐ Child ☐ Infant
☐ **Heartsaver First Aid -PEDI** ☐ Initial ☐ Renewal
☐ **Heartsaver First Aid/CPR/AED** ☐ Initial ☐ Renewal
☐ **CPR for Family & Friends**
☐ **CPR in Schools**

☐ **BLS Instructor** ☐ Initial ☐ Renewal
☐ **BLS Training Center Faculty** ☐ Initial ☐ Renewal
☐ **First Responder** ☐ Initial ☐ Renewal

Training Center: **MA. Emergency Care Trng Ag/Academy –MECTA**

Training Site Name MECTA AG/ACADEMY
(W/Training Center Agreement):

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: _____

Assisting MECTA Instructors **(ALL Instructors Must Be MECTA – AHA Instructors)**

Name	*Inst. Card*	*Exp. Date*	*Module/Station*	*Name*	*Inst. Card*	*Exp. Date*	*Module/Station*
1.				4.			
2.				5.			
3.				6.			

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with the AHA 2010 guidelines.

_____ _____
Signature of Course Director/Lead Instructor Date

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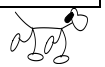
NAME: **PRINT your name as you wish it to appear on your card.**	**Address**	**Phone**	**Email**	**Exam Score**
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