



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

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

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

Training Site Name _____

(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							
<i>Name</i>	<i>Inst. Card</i>	<i>Exp. Date</i>	<i>Module/Station</i>	<i>Name</i>	<i>Inst. 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

PLEASE PRINT

NAME: PRINT your name as you wish it to appear on your card.	Address	Phone	Email	Exam Score	Date Card Issued
1.					
2.					
3.					
4.					
5.					
6.					
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11.					
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16.					

