

EMERGENCY EDUCATIONAL INSTITUTE
 1750 N. University Dr. Suite 227
 CORAL SPRINGS, FL 33071
 (954) 753-6869 (954) 755-9050 Fax
 www.eeii.org

_____ Number of Students Participating
 _____ Number Successfully Completed
 _____ Number Remediated _____ Incomplete
 _____ Infection Control Guidelines followed. (Lead Instructor's Initials)

COURSE ROSTER

Date(s) Conducted _____

Course Type: _____
 (i.e., Healthcare Provider, Heartsaver, ACLS, PALS, etc)

Course Location _____

Course Director _____ SS# Last 4 - _____ D.T. _____ D.T. Expires _____

Lead Instructor _____ SS# Last 4- _____ D.T. _____ D.T. Expires _____

Assisting

Instructor(s) _____ SS # Last 4- _____ D.T. _____ D.T. Expires _____

_____ SS# Last 4- _____ D.T. _____ D.T. Expires _____

I verify that the following persons have successfully completed the national cognitive and performance examinations in accordance with the Scientific Standards of the American Heart Association and the National Research Council. Fees charged for this course are not revenue to the American Heart Association. _____ *Date* _____

Signature, Course Director or Lead Instructor

No.	Name <i>PLEASE PRINT</i>	Street, City, Zip, Phone	Occupation	Renewal?
1				
2				
3				
4				

Class Times: Begin ____:____ **End** ____:____

Medical Director: _____
 (For ACLS, ACLS EP, and PALS only)

Instructor to Student Ratio _____
Student to Manikin Ratio _____