

Please make checks payable to: Lowcountry Regional EMS

### Lowcountry Regional EMS Council CTC

PAYMENT: CHECK \_\_\_ CASH \_\_\_ BILL \_\_\_ Phone: (843) 529-0977 Fax: (843) 529-0460

Mail Rosters & Processing Fees To:

**INCOMPLETE ROSTERS WILL BE RETURNED**

CC# \_\_\_\_\_

1016 East Montague Avenue  
North Charleston, SC 29405

EXPIRATION: \_\_\_\_\_ CVZ# \_\_\_\_\_

E-Mail: [speterson@lowcountryems.com](mailto:speterson@lowcountryems.com)

**Type of Course:** (Check only one course per roster. New and Renew for same course is acceptable.)

<input type="checkbox"/> BLS Healthcare Provider (\$7.00)	<input type="checkbox"/> HS 1 <sup>st</sup> Aid, CPR, AED (check all that apply) (\$7.00)	<input type="checkbox"/> ACLS Provider (\$9.00)
<input type="checkbox"/> HS CPR AED (check all that apply) (\$7.00)	<input type="checkbox"/> Child CPR AED	<input type="checkbox"/> PALS Provider (\$9.00)
<input type="checkbox"/> Child CPR AED	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> ACLS EP Provider (\$9.00)
<input type="checkbox"/> Infant CPR	<input type="checkbox"/> Written Test (optional)	<input type="checkbox"/> BLS Instructor (\$11.00)
<input type="checkbox"/> Written Test (optional)	<input type="checkbox"/> HS Pediatric 1 <sup>st</sup> Aid (check all that apply) (\$7.00)	<input type="checkbox"/> Heartsaver Instructor (\$11.00)
<input type="checkbox"/> Heartsaver 1 <sup>st</sup> Aid (\$7.00)	<input type="checkbox"/> Child/Infant CPR AED	<input type="checkbox"/> ACLS Instructor (\$11.00)
<input type="checkbox"/> Written Test (optional)	<input type="checkbox"/> Adult CPR/AED	<input type="checkbox"/> PALS Instructor (\$11.00)
<input type="checkbox"/> Family & Friends N/C	<input type="checkbox"/> Written Test	<input type="checkbox"/> ACLS EP Instructor (\$11.00)
	<input type="checkbox"/> Asthma Care Video	

Course Date: \_\_\_\_\_ Course Hours: \_\_\_\_\_ Student Manikin Ratio: \_\_\_\_\_ Course Location: \_\_\_\_\_

Number of New students: \_\_\_\_\_ Number of Renewing students: \_\_\_\_\_ Test version used \_\_\_\_\_ Mannequins Clean/Decontaminated: \_\_\_\_\_

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**Instructor Information:** (Please print all unless otherwise instructed) \*If required

Instructor's Printed Name: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

\*Affiliate Faculty: \_\_\_\_\_ \*Affiliate Faculty Signature: \_\_\_\_\_

My signature attests that the course listed was taught in accordance with the policies and procedures set forth by the American Heart Association and Lowcountry Regional EMS CTC.

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular#: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>Mail cards to:</b>
_____
_____
_____
_____

**Assisting Instructors:**

Name of Instructor	Assisting Instructor Signatures	Home CTC	Renewal Date	Monitored
1. _____	_____	_____	___/___/___	Yes No
2. _____	_____	_____	___/___/___	Yes No
3. _____	_____	_____	___/___/___	Yes No

(Additional Instructors should be listed on a separate sheet and attached to this document)

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	new or renew	First Name	MI	Last Name	Address	Phone #	Post- Test	Skills verified
EX:	N	John	R.	Doe	123 Any Street, City, State, Zip email: johnrdoe@email.com	843-555-1212	100	X
1)					email:			
2)					email:			
3)					email:			
4)					email:			
5)					email:			
6)					email:			
7)					email:			
8)					email:			
9)					email:			
10)					email:			
11)					email:			
12)					email:			
13)					email:			

## DECONTAMINATION of MANIKINS Verification Form

Decontamination Task	Instructor's Initials
Manikins cleaned with Clorox wipes at end of each class	
Lungs replaced after each day of classes	
Masks decontaminated after each class	
One-way valves decontaminated after each class	
Air-way device removed from manikin face and decontaminated after each class	
Manikin faces decontaminated after each class	
Manikin wipes used to decontaminate faces in between classes when day consists of multiple classes	

**Instructor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BLS Classroom Course Evaluation



Date \_\_\_\_\_ Instructor(s) \_\_\_\_\_

Training Center \_\_\_\_\_ Location \_\_\_\_\_

Please answer the following questions about your **Instructor**.

My Instructor:

1. Provided instruction and help during my skills practice session
  - a. Yes
  - b. No
2. Answered all of my questions before my skills test
  - a. Yes
  - b. No
3. Was professional and courteous to the students
  - a. Yes
  - b. No

Please answer the following questions about the **course content**.

1. The course learning objectives were clear.
  - a. Yes
  - b. No
2. The overall level of difficulty of the course was
  - a. Too hard
  - b. Too easy
  - c. Appropriate
3. The content was presented clearly.
  - a. Yes
  - b. No
4. The quality of videos and written materials was
  - a. Excellent
  - b. Good
  - c. Fair
  - d. Poor
5. The equipment was clean and in good working condition.
  - a. Yes
  - b. No

Please answer the following questions about your **skill mastery**.

1. The course prepared me to successfully pass the skills session.
  - a. Yes
  - b. No
2. I am confident I can use the skills the course taught me.
  - a. Yes
  - b. No
  - c. Not sure

3. I will respond in an emergency because of the skills I learned in this course.
  - a. Yes
  - b. No
  - c. Not sure
4. I took this course to obtain professional education credit or continuing education credit.
  - a. Yes
  - b. No

### Optional questions:

Have you previously taken this course via another method, such as in a classroom or online? Which learning method do you prefer and why?

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Were there any strengths or weaknesses of the course that you would like to comment on?

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What would you like to see in future courses developed by the AHA?

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### After Completing This Evaluation

Please return this evaluation to your Instructor before you leave the class.

Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.