

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

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 st 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 st Aid (check all that apply) (\$7.00)	<input type="checkbox"/> Heartsaver Instructor (\$11.00)
<input type="checkbox"/> Heartsaver 1 st 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: _____

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: _____

Mail cards to:

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:** _____

Lowcountry Regional EMS Council Course Evaluation Form

Instructors Name: _____ Date: _____

Type of Course:

- Healthcare Provider Heartsaver CPR AED Family & Friends
- BLS Instructor First Aid-Adult First Aid-Pediatric

Instructor:

YES

NO

- Did the instructor display knowledge of subject? _____ _____
- Was the instructor prepared and organized? _____ _____
- Did the instructor speak clearly and on your level? _____ _____

Course:

- Was a textbook available to you before and during class? _____ _____
- Was the environment comfortable and facilitative to learning? _____ _____
- Do you feel prepared to save lives with the skills acquired? _____ _____
- Was the training equipment beneficial and working properly? _____ _____

What aspect of this program do you think needs improvement?

What aspect of this program do you think was best developed?

Any additional comments:
