



American
Heart
Association®

AUTHORIZED
TRAINING
C E N T E R

ADVANCED COURSE REPORT

For Use By Authorized Cascade Training Sites Only

Date of Transmittal: _____

Training Site Name: _____

Sender Name: _____

Contact Phone: _____

Contact Email: _____

Current AHA Skills Check Forms are accessible via the CD-ROM located in your BLS Instructor Manual. All other documents are available on the Training Site website.

Training Sites must keep a copy of all completed roster reports and supplementary documentation for a minimum of three years.

Submission Checklist:

- Advance Course Report and Advanced Course Roster** (1 per course)
- Copy of current AHA Instructor card(s) for additional instructors not aligned with Cascade Training Center** (Course Director **MUST** be aligned with Cascade)
- OnlineAHA.org Course Completion Certificate** (1/Student; skills evaluations only)

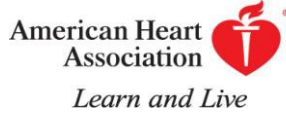
Remediated or failed student:

- Skills Check Forms** (1 per remediated or failed student)
- Written Exam Answer Sheets** (1 per remediated or failed student)

ATTENTION: For each course taught, the Course Director must complete all sections of this Course Report and the Course Roster. All additional required documents (based on checklist above) must then be combined with the Course Report and Course Roster and submitted as one .PDF file. Do not submit multiple files for one course, and do not submit multiple courses within one file.

All courses must be reported within seven (7) days of completion by emailing all paperwork to Cascade Training Center:

info.cascadetraining.com/training-sites



COURSE DIRECTOR: Upload all required paperwork via the Training Site website: info.cascadetraining.com/training-sites

ADVANCED COURSE ROSTER

COURSE TYPE INFORMATION

Course Type:
Check one ONLY. This is the card type that must be issued.

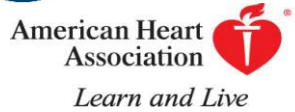
ACLS
 ACLS-EP
 PALS
 PEARS

Course Format:

Classroom, Initial Course
 Classroom, Renewal Course
 Skills Evaluation for Online AHA Course

COURSE DETAILS

Location: _____ Date(s): _____ Start Time: _____ End Time: _____
 # of Adult Manikins: _____ # of Child Manikins: _____ # of Infant Manikins: _____ # of AED Trainers: _____
 Course Director: _____ Training Center: Cascade Training Center
 Additional Instructor: _____ Training Center: _____
 Additional Instructor: _____ Training Center: _____
 Additional Instructor: _____ Training Center: _____



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COURSE DIRECTOR: Upload all required paperwork via the Training Site website: info.cascadetraining.com/training-sites

ADVANCED COURSE ROSTER

STUDENT INFORMATION

Student Name	Phone	Email	Test Score <i>(if applicable)</i>	eCard Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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16.				
17.				
18.				

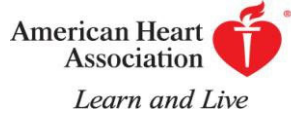
Course Director certifies:

- All required official American Heart Association training products were utilized as required by the Program Administration Manual and course specific Instructor Manual(s) in this course.
- All instructors involved with the training are current BLS or Heartsaver® Instructors credentialed by the American Heart Association.

Course Director Name Printed

Course Director Signature

Date



**AUTHORIZED
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CENTER**

COURSE DIRECTOR: Upload all required paperwork via the Training Site website: info.cascadetraining.com/training-sites

ADVANCED COURSE ROSTER

STUDENT INFORMATION (CONTINUED)

<i>Student Name</i>	<i>Phone</i>	<i>Email</i>	<i>Test Score (if applicable)</i>	<i>eCard Code</i>
19.				
20.				
21.				
22.				
23.				
24.				
25.				
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34.				
35.				
36.				

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Course Director Name Printed

Course Director Signature

Date