

Attention Instructors:
Incomplete rosters will be returned

Lowcountry Regional EMS Council CTC

Phone: (843) 529-0977 Fax: (843) 529-0460

Mail Rosters & Processing Fees To:

1016 East Montague Avenue

North Charleston, SC 29405

E-Mail: ctc@lowcountryems.com

Please make checks payable to: Lowcountry Regional EMS

<u>Type of Course:</u> (Check only one course per roster. New and Renew for same course is acceptable.)			
<input type="checkbox"/> BLS Healthcare Provider	(\$4.00)	<input type="checkbox"/> HS Adult First Aid (check all that apply)	(\$4.00)
<input type="checkbox"/> HS CPR (check all that apply)	(\$4.00)	<input type="checkbox"/> Environmental Emergencies	
<input type="checkbox"/> Adult/Child CPR & Choking		<input type="checkbox"/> Adult/Child CPR w/mask	
<input type="checkbox"/> Infant CPR & Choking		<input type="checkbox"/> Adult/Child AED	
<input type="checkbox"/> Adult/Child CPR w/mask		<input type="checkbox"/> Infant CPR w/mask	
<input type="checkbox"/> Infant CPR w/mask		<input type="checkbox"/> HS Ped First Aid (check all that apply)	(\$4.00)
<input type="checkbox"/> HS AED (check all that apply)	(\$4.00)	<input type="checkbox"/> Asthma Care Training for Childcare Providers	
<input type="checkbox"/> Adult/Child CPR w/mask & Choking		<input type="checkbox"/> Optional Pediatric First Aid Topics	
<input type="checkbox"/> Adult/Child AED		<input type="checkbox"/> Adult/Child CPR w/mask	
<input type="checkbox"/> Infant CPR w/mask & Choking		<input type="checkbox"/> Adult/Child AED	
<input type="checkbox"/> Family & Friends	N/C	<input type="checkbox"/> Infant CPR w/mask	
<input type="checkbox"/> ACLS Provider	(\$6.00)	<input type="checkbox"/> PALS Provider	(\$6.00)
<input type="checkbox"/> BLS Instructor	(\$8.00)	<input type="checkbox"/> Heartsaver Instructor	(\$8.00)
<input type="checkbox"/> Heartsaver First Aid Instructor	(\$8.00)	<input type="checkbox"/> ACLS Instructor	(\$8.00)
<input type="checkbox"/> PALS Instructor	(\$8.00)	<input type="checkbox"/> PALS Instructor	(\$8.00)

Course Date: _____ Course Hours: _____ Student Manikin Ratio: _____ Course Location: _____

Number of **New** students: _____ Number of **Renewing** students: _____

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 Phone: _____

_____ Work Phone: _____

_____ Pager#: _____

E-Mail address: _____

Comments: _____

<p>Mail cards to:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Assisting Instructors:

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

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

Lowcountry Regional EMS Council Roster
PLEASE PRINT (Illegible names will not be processed)

	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 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:			