



Training USA



American Heart Association ECC Program Course Evaluation

Please take a moment to complete this evaluation of this course in which you just participated.
We want to provide excellent courses and we value your opinion.

Instructor:

Date:

Which course did you complete?

BLS ACLS PALS

Name of Course:

Training Site:

What is your profession and why are you taking this course?

Overall impression of course:

Excellent Good Fair Poor

Comments:

Course objectives were met by instructor:

Excellent Good Fair Poor

Comments:

Was there adequate equipment and was it clean and in working order?

Yes No

Comments:

Were the physical facilities adequate for this course?

Yes No

Comments:

Did the instructors present the material with knowledge and clarity?

Yes No

Comments:

Did instructors provide adequate and helpful feedback?

Yes No

Additional Comments:



Training USA



American Heart Association ECC Program Course Roster

Training Center: Training USA

****Billing Information MUST be completed.****

Training Site:

Course Location:

Course Director:

Course Start Time: Course End Time:

Lead Instructor:

Other Instructors:

Manikins Decontaminated By:

I verify that the above information is accurate and true.

Lead Instructor Name:

Course Date:

Billing Address:

Course:

- BLS Healthcare Provider
- BLS Heartsaver Adult Child Infant
- BLS Heartsaver A.E.D.
- Heartsaver First Aid With CPR With A.E.D.
- BLS Family & Friends
- BLS Heartsaver CPR in the Schools
- BLS Instructor
- ACLS Initial Renewal ACLS Instructor
- PALS Initial Renewal PALS Instructor

Date:

Student Name:

Address:

City, State, Zip:

Phone:

Email Address:

First Time Student: Yes No

Exam Score:

Successfully Completed:

ABN Number:

Student Name:

Address:

City, State, Zip:

Phone:

Email Address:

First Time Student: Yes No

Exam Score:

Successfully Completed:

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First Time Student: Yes No

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First Time Student: Yes No

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Email Address:

First Time Student: Yes No

Exam Score:

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Email Address:

First Time Student: Yes No

Exam Score:

Successfully Completed:

ABN Number: