



American Heart Association®

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Hands-Only CPR Training Roster/Sign-in Sheet

School Name: _____ Training Date(s): _____

Course: Health Personal Fitness Class Period: _____

Facilitator's Name: _____

Facilitator's Signature: _____

Number of Students Trained: _____ Grades (circle all that apply): 8 9 10 11 12

Training Type (circle one): Video Only | Video + Psychomotor | Demo + Psychomotor

Participant First Name and Last Name (Signatures, please)

	First Name	Last Name		First Name	Last Name
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

Continued

Participant First Name and Last Name (Signatures, please)

	First Name	Last Name		First Name	Last Name
31			56		
32			57		
33			58		
34			59		
35			60		
36			61		
37			62		
38			63		
39			64		
40			65		
41			66		
42			67		
43			68		
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55			80		