

SIEMT --- HS CPR --- HCP --- ACLS --- Roster --- SIEMT DATE : _____

First Name (Print clearly)	LAST Name (Print clearly)	Address, City, State, Zip code, (Home or Work Address)	SKILLS Pass / NR	HCP or HS Test	Card #:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I certify that this course has been conducted in accordance with the guidelines of SIEMT & the AHA _____

Number of Addendums attached _____ *Note: If we cannot clearly read the students name, that card will not be issued until we get a clarification.*

Please to not allow the students to sign or print their own names on this roster