

Safety Precautions in CPR Courses

The Course for which you are enrolled may include physical strain, possibility of cross-infection, and emotional stress. If your physician has recommended that you avoid strenuous activity or limit your activity in any way, you need to realize that CPR is hard work! This is true both when you practice on a manikin and when you perform CPR on a Cardiac Arrest Victim

If you have a medical or coronary history that may be aggravated by this course, consult your physician about your ability to participate in such a course.

If you have reservations about being able to perform CPR on a cardiac arrest victim, you should consider this before beginning this course.

If you have any type of infectious disease, including upper respiratory infection or open sores on your hands, mouth, or face, it is imperative to defer manikin practice until you are well, unless special arrangements are made.

Good Samaritan Act (FS 768.13)

“Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment at the scene of an emergency outside a hospital, doctor’s office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary, reasonable prudent man would have acted under the same or similar circumstances.”

Trinity Training Consultants Inc.
BLS HCP Written Test

Student Name: _____

Today's Date:

Version A

Test Booklet #

- 1. A B C D
- 2. A B C D
- 3. A B C D
- 4. A B C D
- 5. A B C D
- 6. A B C D
- 7. A B C D
- 8. A B C D
- 9. A B C D
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- 11. A B C D
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- 13. A B C D
- 14. A B C D
- 15. A B C D

- 16. A B C D
- 17. A B C D
- 18. A B C D
- 19. A B C D
- 20. A B C D
- 21. A B C D
- 22. A B C D
- 23. A B C D
- 24. A B C D
- 25. A B C D

American Heart Association
Trinity Training Consultants Inc.
ACLS/BLS Participates Information

Name: _____ Date: _____

	Instructors Signature <small>Signature means that this student has completed all the requirements for that particular section of the course.</small>		
BLS HCP Renewal Skills check off:			
<ul style="list-style-type: none"> • Adult/Child CPR w/AED 1 & 2 rescuer CPR Test • Infant 1 & 2 rescuer CPR 			
BLS Written Test	Exam A Score	Verbal Remediation completed by_____	Exam B Score
ACLS Written Test	Exam A Score	Verbal Remediation completed by:_____	Exam B Score
Precourse Assessment			
Mgt. Of Respiratory Arrest Station			
Learning Stations (New Students Only)			
Putting it all together			
Mega Code Test	^{1st Attempt} Pass Fail <small>Inst Signature_____</small>	Practical Remediation Completed By:_____	^{2nd Attempt} Pass Fail <small>Inst Signature_____</small>
Evaluation Completed_____			
ACLS, BLS Card Received			

Date's of ACLS & BLS Provider Course:

Course Location:

Emergency Cardiovascular Care
Program
Advanced Cardiovascular Life Support
And BLS Course Evaluations

Our Goal is to ensure that we are providing an effective program that meets your needs and expectations. We value your opinion and need your feedback. Please take a moment to complete this course evaluation. The course coordinator of this program will review your ratings and comments on the delivery, facilities, instructors, and overall satisfaction with the course.

Circle a Number that matches to your opinion on each statement.	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I was interested in taking this program to increase my knowledge in Cardiovascular Emergencies.	1	2	3	4	5
I picked up my book in time to read the material and complete the pretest.	1	2	3	4	5
The course facilities were adequate	1	2	3	4	5
There was enough equipment available for everyone	1	2	3	4	5
The equipment was clean and in good working order	1	2	3	4	5
There was plenty of time allocated for this program	1	2	3	4	5

Circle a Number that matches to your opinion on each statement.	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
The Instructors presented the material in a clear and precise manner.	1	2	3	4	5
The Instructors answered my questions well.	1	2	3	4	5
The Instructors has a mastery of the material taught	1	2	3	4	5
The Instructors made good use of time	1	2	3	4	5
All of the Instructors were on the same page in regards to the material being presented <ul style="list-style-type: none"> Please tell me who was giving contradictory information during this program and what was it _____ _____	1	2	3	4	5

Circle a Number that matches to your opinion on each statement.	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I would recommend this course to others	1	2	3	4	5
I can apply the skills I learned	1	2	3	4	5

Instructor's Name:						Comments:
	Poor	Fair	Satisfactor	Good	Excellent	

Do you have any comments or Suggestions to make this a better program? _____

Please submit your comments to the course Director/instructor at end of course, or if you prefer, you can call the Regional office at 1-888-CPR-Line