Loudoun County EMS Advisory Council, Inc.
AED/King Airway Course Roster Form

Lead Instructor: _____ **Co. #** _____ **Course Date:** _____

Asst. Instructors: _____ **Co. #** _____ **Total Course Hours**: ____

_____ **Co. #** _____ **Total Students Enrolled:** ____

_____ **Co. #** _____ **Total Students Passed:** ____

Course Taught: ☐ **AED/King Airway Original** ☐ **AED/King Airway refresher** ☐ **AED Only** ☐ **King AirwayOnly**

Course Location: _____

Course Participants:

First Name	Last Name	SS# or VAOEMS #	Company #	Cert. Level (FR,B,ST,E,I,CT/P)	Status (P, F, Inc.)

Lead Instructor's Signature: _____ Date: _____

Appendix "B"