


Student Instructions for Claiming an eCard

1. Student will receive an **email** that they have an eCard to be claimed from ecards@heart.org. Note the **Subject: Your AHA eCard**
2. Click on the link "click here to claim your eCard"

From: ecards@heart.org
To: Andrew Miller
Subject: Your AHA eCard

 **American Heart Association**
life is why™

PLEASE DO NOT REPLY TO THIS EMAIL ADDRESS. YOU WILL NOT RECEIVE A RESPONSE TO REPLIES TO THIS EMAIL ADDRESS.

Dear Andrew Miller,

Congratulations on completing your American Heart Association Training!

You have been issued an electronic course completion card - or eCard. After you have completed the claiming process, this card is a valid AHA course completion card and can be presented to an employer as proof that you have successfully completed training. This eCard will expire two years from the issue date.

Your eCard is not valid until you have claimed it.
Please click the link below to confirm it.

[Click here to claim your eCard](#)

If clicking above does not open the correct web page for claiming your eCard, copy and paste this URL into your browser window:
<https://ecardsdev.heart.org/student/eCards?cid=12986542-62GF-8E19-AC05-92E47KAZP456>

Please contact your AHA Training Center if you have any questions.

Thanks you and congratulations!

Annotations: Red arrows point to the 'From', 'To', and 'Subject' fields. A yellow box highlights the link 'Click here to claim your eCard'. Another yellow box highlights the text 'Click the link to claim the eCard' with a red arrow pointing to the link.

CPR & First Aid
INSTRUCTOR NETWORK

Claim Your eCards — Automatically populated

You must complete and submit the information below to claim your eCard.

eCard Code

First Name *

Last Name *

Email *

Phone Optional

eCard Code
176501000229

Instructor
Jeff Gorham

Training Center
HOPE Valley Community College
Training Center ID: TXA10044
2970 N State Hwy 19
Palestine, TX 75803 USA
(903) 729-0256

Annotations: A red box surrounds the First Name, Last Name, and Email fields. A yellow box highlights 'Automatically populated' with a red arrow pointing to the form. Another yellow box highlights 'eCard Code' with a red arrow pointing to the eCard Code field. A third yellow box highlights 'Optional' with a red arrow pointing to the Phone field.

NOTE: If the Student name or Email address changes, contact the Training Center.

3. Complete the information on the **Security** fields marked with *.
Agree to Terms of Use then click **Submit**.

Security Question *

Select Security Question

Security Answer * **NOTE: Answer is CASE-SENSITIVE**

Security answer is case-sensitive

I have read, understand and agree to the [Terms of Use](#) on behalf of the organization.

I agree to the terms of use I do not Agree

SUBMIT

4. Answer each question in the **survey**.

Please answer the questions below to claim your eCard.

1. I would recommend my instructor(s) as someone who helped me learn.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

2. I am confident in my ability to perform resuscitation skills/techniques when needed.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

3. I received feedback that improved my hands-on skills.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

4. My performance was evaluated fairly.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

5. The cases presented in the course were relevant to my clinical setting.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

6. Debriefing after the cases improved my resuscitation abilities.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

7. The practice sessions/cases improved my teamwork skills.
 Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

8. A device or manikin was used to provide real-time measures of my rate and depth of chest compressions.
 Yes No

5. Click **SUBMIT**, then the **eCard** displays.

Hello, Andrew Miller

Please answer the questions below to claim your eCard.

Active

BLS Provider

eCard Code

176501000229

Name

Andrew Miller

Email

andrew.miller@mail.com

PHONE

SECURITY QUESTION

What was the name of your first pet?

[Forgot security answer?](#)

Training Center

HOPE Valley Community College

Instructor

Jeff Gorham

Course Date

8/2/2017

Recommended Renewal Date

08/2019

Viewing the card in different sizes

View eCard: Full | Wallet | My eCards

Email Cards

Wallet size view

Full page view

Email eCard to employer if needed as proof

6. After claiming an eCard, the student will receive a **second email with a link to access the claimed eCards in the future.** Save this email or bookmark the linked page.

From: ecards@heart.org
To: Andrew Miller
Subject: Your AHA eCard



PLEASE DO NOT REPLY TO THIS EMAIL ADDRESS. YOU WILL NOT RECEIVE A RESPONSE TO REPLIES TO THIS EMAIL ADDRESS.

Dear Andrew Miller,

Thank you for claiming your AHA eCard. You can now provide your eCard as proof that you have successfully completed training.

You can use the link below to view all your AHA eCards in your Student Profile at any time.

[Click here to view all of your claimed eCards.](#)

If clicking above does not open the correct web page to view your claimed eCards, copy and paste this URL into your browser window:

<https://ecardsdev.heart.org/student/eCards?cid=12986542-62GF-8E19-AC05-92E47KAZP456>

You can also visit www.heart.org/cpr/mycards for your employer to verify eCard authenticity, and to view your eCard Student Profile by logging in using your first name, last name and email address.

You can find more information about AHA eCards in our Course Card Reference Guide at www.heart.org/ahacoursecards.

Thank you and congratulations on completing your AHA class!!

American Heart Association

7. Provide the information on the form and answer the Security Question then Submit.

CPR & FIRST AID
INSTRUCTOR NETWORK

eCard Search

STUDENT EMPLOYER

Student

Access your AHA eCard Profile or eCard

To access your complete eCard profile, please log in by entering your first and last name and email address below. OR, if you have your eCard code, enter it below to access the eCard for that code.

FIRST NAME **LAST NAME**

First Name Last Name

EMAIL

Email

OR

Have your eCard Code?

ECARD CODE

eCard

Security Question

Please enter the answer to the security question below.

What was the name of your first pet?

Security answer is case-sensitive

SUBMIT

[Forgot security answer?](#)