

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM
 BASIC LIFE SUPPORT PROGRAM
 COURSE ROSTER FORM**

Course Information

New Course **Renewal Course**

Healthcare Provider Course:

This course includes all of the Healthcare Provider core components.

Lead Instructor _____

Status: BLS Instructor BLS TCF/RF

Status Renewal Date: _____

Manikins Decontaminated By:

Training Center TC - 22 UHC

Decontamination Method:

Site Name _____

Course Start Date/Time _____ Course End Date/Time _____ Total hours of Instruction _____

of Cards issued _____ Student/Manikin Ratio _____ Issue Date of cards _____

Assisting Instructors/Specialty Faculty (Attach copy of Instructor card for instructors aligned with other than primary TC)

Name/Email/Instructor Card expiration Date/Station

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I verify that this information is accurate and truthful, and it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor _____ Date _____

PARTICIPANT SIGN IN SHEET

DATE _____

COURSE Healthcare Provider

<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete(Pass)/ Incomplete</i>
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<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
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<i>NAME Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
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