

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

**Course Information**

**New Course**                       **Renewal Course**

**BLS Instructor**  
 This course includes all of the BLS Instructor Course core components.

**Heartsaver Instructor**  
 This course includes all of the Heartsaver Instructor Course core components.

**Instructor** \_\_\_\_\_  
 Status:  BLS Training Center Faculty     BLS Regional Faculty  
 Status Renewal Date: \_\_\_\_\_  
 Training Center TC – 22 UHC

Site Name \_\_\_\_\_

**Manikins Decontaminated By:**

**Decontamination Method:**  
 \_\_\_\_\_  
 \_\_\_\_\_

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)***

<i>Name/Email/Instructor Card expiration Date/Station</i>
1.
2.
3.
4.
5.
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7.
8.
9.
10.

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 BLS Instructor

<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>Mini Lecture Competency</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete(Pass)/Incomplete</i>
1.						
2.						
3.						
4.						
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6.						
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9.						
10.						
11.						

<i><b>NAME Please PRINT as you wish your name to appear on your card.</b></i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Mini Lecture Competency</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

<i><b>NAME Please PRINT as you wish your name to appear on your card.</b></i>	<i>Address</i>	<i>Last 4 numbers of SSN</i>	<i>Mini Lecture Competency</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete/ Incomplete</i>
23.						
24.						
25.						
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