

**AMERICAN HEART ASSOCIATION EMERGENCY CARDIOVASCULAR CARE PROGRAM
BLS - 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 MO 02648

Decontamination Method- _____

Site/ Location 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

1.

2.

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11.

12.

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- Initial / Renewal

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
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DATE _____

COURSE Healthcare Provider- Initial / Renewal

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
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DATE _____

COURSE Healthcare Provider- Initial / Renewal

<i>NAME</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Remediation/ Date Completed</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
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