

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

Course Information

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 MO 02648 _____

Manikins Decontaminated by- _____

Site/Location Name- _____

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>
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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</i> Please PRINT as you wish your name to appear on your card.	<i>Current Email or Home Address</i>	<i>Current BLS Provider Expiration Date</i>	<i>Essentials Course</i>	<i>Skills Check-off</i>	<i>Exam Score</i>	<i>Complete (Pass)/ Incomplete</i>
1.						
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DATE _____

COURSE BLS Instructor

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