

# Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



## Course Information

- ☐ BLS Course (instructor-led)
- ☐ HeartCode® BLS
- ☐ BLS Instructor

Lead Instructor \_\_\_\_\_

Lead Instructor ID# \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Training Center \_\_\_\_\_

Training Center ID# \_\_\_\_\_

Training Site Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Location \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_

No. of Cards Issued \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_

## Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

# Course Participants

Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			