

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



**AUTHORIZED
TRAINING
SITE**

Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course
- HeartCode Advisor: BLS

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 Instructors *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

| 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# |
|---|--------|-----------------|-----------------|
| <p><i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p> | | | |
| 1. | | | |
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| 8. | | | |
| 9. | | | |
| 10. | | | |