American Heart Association.

American Heart Association Emergency Cardiovascular Care Programs
Basic Life Support Course Roster

Course Information

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

☐ **Instructor**
☐ **Provider**

Lead Instructor _____
Lead Instructor ID# _____
Status Renewal Date _____
Training Center _____
Training Center ID# _____
Training Site Name (if applicable) _____
Course Location _____
Address _____
City, State ZIP _____

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   (Attach copy of instructor card for instructors 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

Date _____ Course _____ Lead Instructor_____ Lead Instr. ID#_____

Course Participants

Name and Email Please PRINT as you wish your name to appear on your card Please print email address legibly.	Mailing Address/Telephone	Written Score	Remediation Provided Date Completed	Date Cards Issued
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

BLS Course Roster, Revised February 16, 2016