

# Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



## 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.

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Signature of Lead Instructor

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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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			