

# Guide to fill out an AHA BLS Course Roster.



Created by Michael@bigtexas CPR.com – please contact him with questions.

# Rosters



- ◇ Rosters **MUST** be filled out for every student taught in a live class, **and/or** every student who performed a skills session only event; after the BLS Heartcode (online) course.
- ◇ **This means EVERY student will be on a roster !!**

# Rosters



- ◆ The roster can be found in your Instructor Network, and the current instructor page at [www.BigTexasCPR.com](http://www.BigTexasCPR.com)
- ◆ The roster must be completed and have your signature (electronic signatures are ok) for every class / skill session only event.



# Rosters

- ◆ The roster must be added to forms submitted after class.
- ◆ Rosters should be completed during class / or skills session. Gathering student information as they arrive. They should be submitted after class.

# Rosters



◆ If you are an employee OR we are paying you (IC) – do not worry about filling out rosters. We will fill it out and send it to you for your signature.

# Rosters



- ◆ Non-employees, non independent contractors, **MUST** fill out a roster and submit it into Enrollware
- ◆ We will discuss how to submit it later in the class.
- ◆ For now, pay attention. Let's learn how to fill one out.

# Rosters



- ◆ We will focus on a roster for a BLS Student. Other student rosters are very similar.

# Rosters



## Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



American  
Heart  
Association.

### Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course

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 \_\_\_\_\_



# Rosters



◇ We will talk about a roster for a live BLS Course, in person, sit down, 4 hour class.

◇ Mark the correct options for other courses as needed.

## Basic Life Support Course Roster

Emergency Cardiovascular Care Programs

### Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course



Lead Instr  
Lead Instr  
Card Expi  
Training C  
Training C  
Training S  
Address  
City, State

# Rosters



Lead Instructor Michael Scaliatine

Lead Instructor ID# 01200845525

Card Expiration Date 01/31/2024

Training Center Bayside CPR & AED Training Center

Training Center ID# MD20981

Training Site Name (if applicable) Big Texas CPR

Address 9638 Creek Vista Ln

City, State ZIP Willis, TX 73738

Course Location Smith Hospital, Willis TX

◆ Put your name and Instructor ID in the correct spaces.

Time	<u>                    </u>	Total Hours of Instruction	<u>4</u>
Ratio	<u>1 to 1</u>	Issue Date of Cards	<u>                    </u>

# Rosters



Lead Instructor Michael Scaliatine

Lead Instructor ID# 01200845525

Card Expiration Date 01/31/2024

Training Center Bayside CPR & AED Training Center

Training Center ID# MD20981

Training Site Name (if applicable) Big Texas CPR

Address 9638 Creek Vista Ln

City, State ZIP Willis, TX 73738

Course Location Smith Hospital, Willis TX

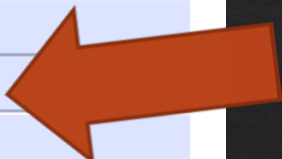
Time            Total Hours of Instruction 4

Ratio 1 to 1 Issue Date of Cards           

❖ Training Center and Training Site will always be as shown.

❖ The Address, City, State and Zip are for the Training Site – NOT the Course location.

❖ This means it will always be as shown. Write this info on your roster now (if not there)



# Rosters



Lead Instructor Michael Scaliatine

Lead Instructor ID# 01200845525

Card Expiration Date 01/31/2024

Training Center Bayside CPR & AED Training Center

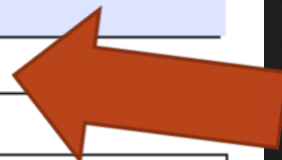
Training Center ID# MD20981

Training Site Name (if applicable) Big Texas CPR

Address 9638 Creek Vista Ln

City, State ZIP Willis, TX 73738

Course Location Smith Hospital, Willis TX



◇ Course Location is the spot that you were at when teaching or conducting a skills session only event.

Time <u>          </u>	Total Hours of Instruction <u>4</u>
Ratio <u>1 to 1</u>	Issue Date of Cards <u>          </u>

Address 9638 Creek Vista Ln  
City, State ZIP Willis, TX 73738  
Course Location Smith Hospital, Willis TX




Course Start Date/Time  Course End Date/Time  Total Hours of Instruction   
No. of Cards Issued  Student-Manikin Ratio  Issue Date of Cards

◇ Note: Start Date/Time (and End) includes both the date & the time... Forgetting to add both is a common mistake among instructors...

◇ DON'T forget date & time. Example 08.15.23 09:00

Training Site Name (if applicable) Big Texas CPR  
Address 9638 Creek Vista Ln  
City, State ZIP Willis, TX 73738  
Course Location \_\_\_\_\_



Course Start Date/Time		Course End Date/Time		Total Hours of Instruction	4
No. of Cards Issued		Student-Manikin Ratio	1 to 1	Issue Date of Cards	

◆ Total Hours of Instruction ... this is determined by your instructor's manual and clarified in the PAM. This example is for a BLS Provider (live class), there is usually 4-hour course. Skills Sessions are normally 1 hour for rosters.

◆ Note: If you conduct a skills session only event you will mark Heartcode BLS on the roster.



## Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



### Course Information



- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course

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 _____



Training Site Name (if applicable) Big Texas CPR  
Address 9638 Creek Vista Ln  
City, State ZIP Willis, TX 73738  
Course Location \_\_\_\_\_



Course Start Date/Time	<u>                    </u>	Course End Date/Time	<u>                    </u>	Total Hours of Instruction	<u>4</u>
No. of Cards Issued	<u>                    </u>	Student-Manikin Ratio	<u>1 to 1</u>	Issue Date of Cards	<u>                    </u>

- ◆ Usually, rosters are not for tracking employee hours or other recording purposes.
- ◆ Read your PAM and Instructor book for the hours of Instruction for the course you teach.



Address

City, State ZIP

Course Location



Course Start Date

Course End Date

Total Hours of Instruction

No. of Cards Issued

Student-Manikin Ratio

Issue Date of Cards

- ◇ “No of card issued” is the Number of card issued to students, usually 1 per student. A class of 5 students, would have 5 cards issued.
- ◇ Student – manikin ratio - Check your instructor manual and PAM for the course you are teaching.
- ◇ Notice the format is Students THEN Manikins – **Don’t put 1 to 3** (one student used three manikins?)

Address 9638 Creek Vista Ln  
City, State ZIP Willis, TX 73738  
Course Location \_\_\_\_\_



Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction 4  
No. of Cards Issued \_\_\_\_\_ Student-Manikin Ratio 1 to 1 Issue Date of Cards \_\_\_\_\_



◆ “Issue Date of cards” is the date you issued cards. This may not always be the same as the class date. The PAM, and Instructor books, states that students must receive their AHA BLS Provider CPR cards within 20 days of completing the class.... Other disciplines have other requirements.

◆ Obviously, it is best to issue certification cards as soon as possible.



◆ If you have assisting Instructors, fill out this area (up to 8 helpers). Be sure to sign and date the roster. Currently, Instructors may teach up to 9 students in a BLS Provider class – 10 or more students means assistants

<b>Assisting Instructor</b> <i>(Attach copy of instructor aligned with a TC other than the primary TC)</i>							
<i>Name and Instructor ID#</i>		<i>Card Exp. Date</i>		<i>Name and Instructor ID#</i>		<i>Card Exp. Date</i>	
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



◆ Only the lead Instructor must sign roster.

<b>Assisting Instructor</b> <i>(Attach copy of instructor aligned with a TC other than the primary TC)</i>							
<i>Name and Instructor ID#</i>		<i>Card Exp. Date</i>		<i>Name and Instructor ID#</i>		<i>Card Exp. Date</i>	
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





# ◆ Let's look at page 2

## 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>	<p><i>Mailing Address/Telephone</i></p>	<p><i>Complete/ Incomplete</i></p>	<p><i>Remediation/Date Completed (if applicable)</i></p>
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____



- ◆ Some of the information will automatically be filled out (it happens when you input info on page 1), when using the electronic version of the form.
- ◆ Make sure it is all correct

## Course Participants

Date  Course  Lead Instructor



◆ Course on page 2 should be the same as what you marked on page 1.

## Basic Life Support Course Rost

Emergency Cardiovascular Care Programs

### Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course

### Course Participants

Date \_\_\_\_\_ Course BLS Course L

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	
1.	_____



◆ Be sure to use the same date you used on page one...  
the date of the course (without the start & end times)

## Course Participants



Date  Course  Lead Instructor  Lead Instr. ID#

	<i>Name and Email</i> <small>Please PRINT as you would like your name to appear on your card. Please print email address legibly.</small>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>







◆ Next – complete information about each student.

◆ First record student Name & Email

## Course Participants



Date \_\_\_\_\_ BLS Course Lead Instructor Michael Scaliatine Lead Instr. ID# 01200845525



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



◆ Notice two lines in block #1, and two in block #2 and two in Block #3 etc... .

*Name and Email*

*Please PRINT as you wish your name to appear on your card. Please print email address legibly.*

1.	
2.	

Two large red arrows are positioned on the right side of the form, pointing left towards the input fields. One arrow points to the first row (labeled '1.') and the other points to the second row (labeled '2.').



◆ The top line is for the Students Name – printed and as they want on their card. The next line is for the student's email.

*Name and Email*  
*Please PRINT as you wish your name to appear on your card. Please print email address legibly.*

1.	
2.	

Two large red arrows are positioned on the right side of the form, pointing left towards the input fields for the name and email.



◆ The AHA does not issue paper cards.... Students will get an eCard sent to their emails.... Thus, it is very important to capture student data correctly!

*Name and Email*

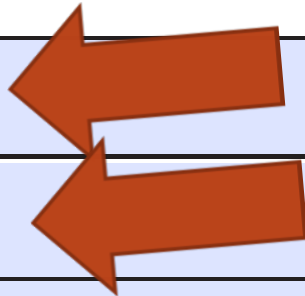
*Please PRINT as you wish your name to appear on your card. Please print email address legibly.*

1.

John Smith

Jsmith@aol.com

2.





- ◆ What if a student does not have an email?
- ◆ There is NO other way to issue eCards.
- ◆ It is impossible to send all cards to one email.
- ◆ It is also NOT possible to use one email for several eCards.
- ◆ EVERY student must have their own email.
- ◆ If needed, help the student create an email.



- ❖ Did you know AHA provides an option for students to claim an eCard by SMS/text if the Student Phone Number is entered when issuing the eCard?
- ❖ So, record it correctly so it can be entered correctly! Students will call you later to ask about a lost card.... This system is much easier for them (AND YOU!)
- ❖ Text “eCard” to the number *51736*.

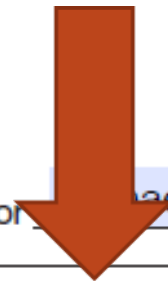


◆ Next, we get students address & phone number

## Course Participants



Date \_\_\_\_\_ Course BLS Course Lead Instructor Michael Scaliatine Lead Instr. ID# 01200845525

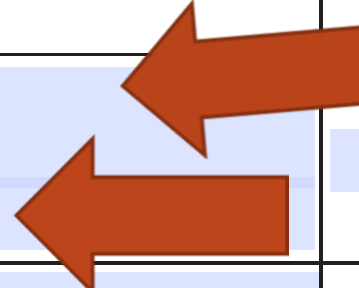


<i>Name and Email</i> <small>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</small>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			

◆ It might be hard to see, but each block has two lines...

Top one for the Address and the Bottom line for the phone number. If address is not provided – put Not Provided in that spot.

<i>Mailing Address/Telephone</i>	
Not Provided	
(832) 930-0277	

Two large red arrows point from the right side of the table towards the 'Not Provided' and '(832) 930-0277' cells, highlighting the two-line structure of the data entry.





◆ Now we indicate if they completed the course or not.

## Course Participants

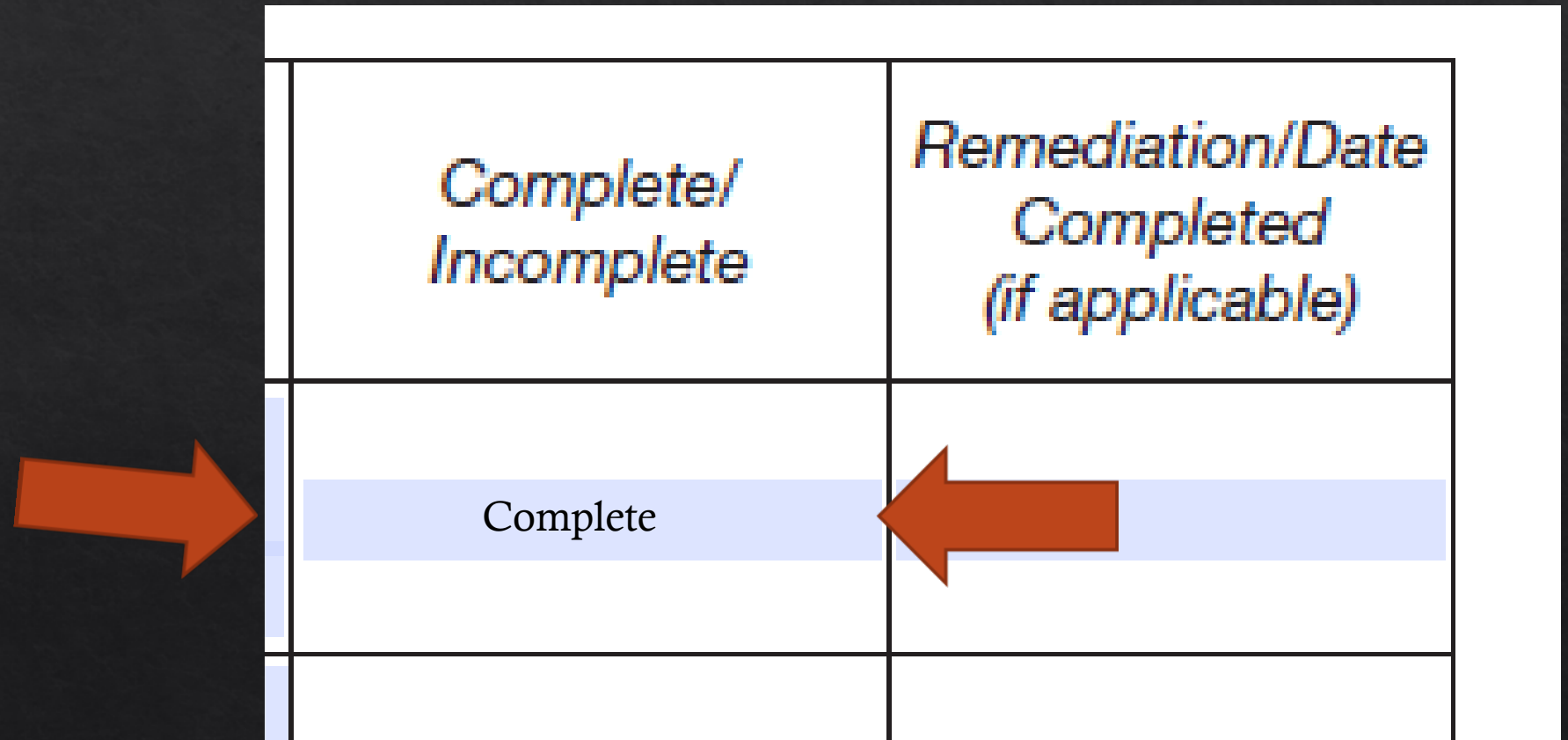


Date \_\_\_\_\_ Course BLS Course Lead Instructor Michael Scaliatine Lead ID# 01200845525



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

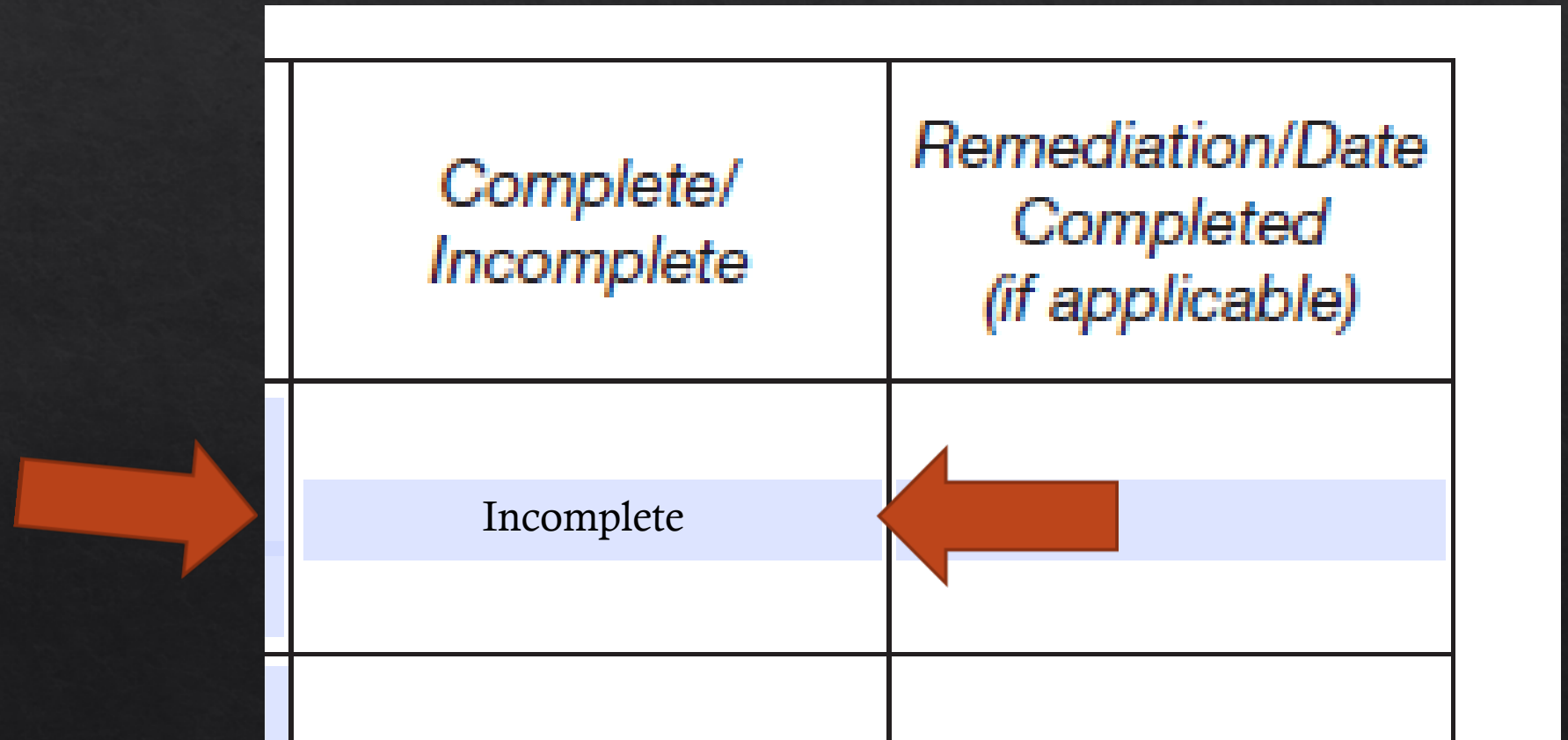
◆ If the student completed the course –  
put Complete in the spot provided.

A diagram showing a table with two columns and three rows. The first row contains the headers 'Complete/Incomplete' and 'Remediation/Date Completed (if applicable)'. The second row contains the word 'Complete' in the first column. Two orange arrows point towards the 'Complete' cell: one from the left and one from the right. The third row is empty.

<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
Complete	

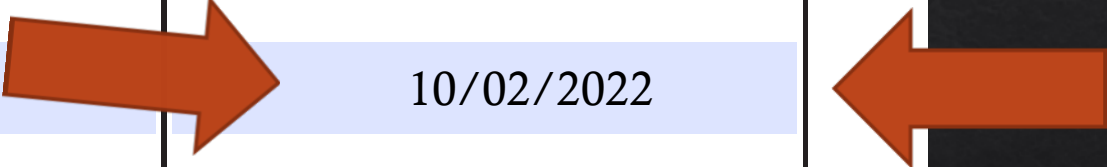
◆ If the student did not complete the course – put Incomplete in the spot provided.

<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
Incomplete	



◆ If the student did not complete the course and you decide to do a remediation date, mark it in the spot.

<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
Incomplete	10/02/2022

Two large orange arrows are positioned horizontally. One arrow points from the left towards the 'Incomplete' cell, and the other points from the right towards the '10/02/2022' cell, both highlighting the relationship between the status and the remediation date.



- ◇ Save all rosters in a safe place – you will have to submit them later.
- ◇ If you are a Big Texas CPR LLC employee or Independent Contractor, watch your email for the roster you must sign.



Remember . Rosters are mandatory,  
for every course / every student.



Contact your training instructor with questions.

[Michael@BigTexasCPR.com](mailto:Michael@BigTexasCPR.com)

(832) 930-0277