BLS Rules LLC **American Heart Association**

rosters@blsrules.com **Emergency Cardiovascular Care Program** **Submit students online at**

 **www.blsrules.com\_instructor** resources\_ Course Roster Entry C**ourse Roster**

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| Course Taught: | * HeartSaver First Aid
* HeartSaver First Aid w/AED
* HeartSaver AED
* HeartSaver Bloodborne Pathogens
* HeartSaver Pediatric First Aid w/AED
* HeartSaver K-12 First Aid w/AED
* BLS Provider □ Skills Test
* BLS or HS Instructor
 | Billing Name |
| Billing Address |
| City | State | Zip |
|  | Course Location |
|  | Lead Instructor |
|  |  |
| Course Start Date | Course Start Time | Course End Date | Course End Time | Total Hours of Instruction | Student/Manikin Ratio |
| Number of Students | Number of students to be issued cards |  |  |
| Print Names of Assisting Instructors | Training Center | Instructor Level | Expiration Date |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| *I verify that this information is accurate, truthful, and that it may be confirmed. This course was taught in accordance with AHA Guidelines which includes all students having a current course workbook before, during, and after the course.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Lead Instructor Date |

 Revised 10/06/2016

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| **STUDENT INFORMATION: Please Print** | **INSTRUCTOR USE ONLY** |
| *Email address and phone are used for expiration reminders and for quality assurance purposes only.**We do not sell your contact information.* | Exam Score (%) | Skill Check off | Remediation Provided: Date Completed | Course Completed (Y/N) |
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