

Please PRINT or TYPE all information

Class Type:  Initial  Renewal  Challenge

Class Method:  Classroom  Blended

Class location \_\_\_\_\_

Class date(s) \_\_\_\_\_ Class Length \_\_\_\_\_

Primary Instructor \_\_\_\_\_ Registry No. \_\_\_\_\_  
First Name Last Name

Assistant Instructor \_\_\_\_\_ Registry No. \_\_\_\_\_  
First Name First Name

Students checked completed have demonstrated the minimum required skill competency as defined by the skill criteria on the BLS performance evaluation sheets, and received a passing score on the BLS Written Exam.. This class was taught in accordance with the training center standards as described in the most recent version of the Training Center Administrative Manual (TCAM).

Signature of Primary Instructor \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Topics** (check all covered in class)

- CPR Feedback Devices
- Administration of Naloxone with Prefilled Syringe
- Administration of Naloxone with Narcan Nasal Spray
- Administration of Naloxone with Evzio Auto-Injector

*To be completed by training center*

Training Center ID \_\_\_\_\_

Date roster received \_\_\_\_\_

Date cards issued \_\_\_\_\_

Notes \_\_\_\_\_

Primary Instructor \_\_\_\_\_ Class date(s) \_\_\_\_\_

	First Name	Last Name	EMS*	Email (Required for CAPCE EMS CEH)	Telephone	Written Exam (Pass 70%)	Remediation Given	Completed
1			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
9			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
11			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
12			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
14			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
15			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
16			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
17			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
18			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
19			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
20			<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Assistant Instructor Required

\* Check all students who are EMS professionals and eligible for CAPCE CEH. Collect email addresses for CEH submission.

Primary Instructor \_\_\_\_\_ Class date(s) \_\_\_\_\_

	Last Name of Student	Chest Compressions	Rescue Breaths	Caring for Respiratory Arrest	Caring for Cardiac Arrest	Two-Provider CPR	High-Performance CPR	Choking — Infant
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The students listed above have demonstrated competent performance, without assistance, of the skills I have checked off.

Signature of Primary Instructor \_\_\_\_\_