Basic Life Support Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

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 Heart & Soul, LLC

Training Center ID# MN03784

Training Site Name (if applicable) _____

Address 8251 N Fawn Lake Rd NE

City, State ZIP Stacy, MN 55079

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.

_____ Signature of Lead Instructor

_____ Date

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Course Participants

American Heart Association.

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

Name and Email *Please PRINT as you wish your name to appear on your card.* *Please print email address legibly.*	*Mailing Address/Telephone*	*Complete/ Incomplete*	*Remediation/ Date Completed (if applicable)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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