

**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support for Healthcare Provider
 Course Roster Form**

Course Information

New Course Renewal Course

Healthcare Provider Course:
 This course includes all of Healthcare Provider core components:

Lead Instructor _____

Status: BLS Instr. BLS TCF/RF

Status Renewal Date: _____

Training Center _____

Site Name _____

Course Start Date/Time _____ Course End Date/Time _____ Total hours of Instruction _____
 # of Cards Issued _____ Student/Manikin Ratio _____ Issue Date of cards _____

Assisting Instructors/Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

Name	Instr. Card Exp. Date	Module/Station	Name	Instr. Card Exp. Date	Module/Station
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

DATE _____ COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DATE _____ COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DATE _____ COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DATE _____ COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DATE _____ COURSE Healthcare Provider

INSTRUCTOR _____

Course Participants

<p style="text-align: center;"><i>NAME</i></p> <p><i>Please PRINT as you wish your name to appear on your card.</i></p>	<p style="text-align: center;"><i>Address</i></p>	<p style="text-align: center;"><i>Telephone</i></p>	<p style="text-align: center;"><i>Complete/ Incomplete</i></p>	<p style="text-align: center;"><i>Remediation/ Date Completed</i></p>	<p style="text-align: center;"><i>Exam Score</i></p>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					