American Heart Association
Learn and Live℠

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 the 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*	*Name*	*Instr. 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

DATE_____ COURSE Healthcare Provider INSTRUCTOR _____

Course Participants

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