Basic Life Support Course Roster
Emergency Cardiovascular Care Programs

American Heart Association®

life is why®

Course Information

☐ BLS Course (instructor-led)

☐ BLS Renewal Course (instructor-led)

☐ HeartCode® BLS

☐ BLS Instructor

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

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 Instructor   *(Attach copy of instructor aligned with a TC other than the primary TC)*

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

Course Participants

American
Heart
Association®

life is why®

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.			