American Heart Association Emergency Cardiovascular Care Programs
Basic Life Support for Healthcare Providers (BLS HCP)
Course Roster

Course Information

❏ **New Course**
❏ **Renewal Course**
❏ **Instructor**
❏ **Provider**

Lead Instructor _____

Status Renewal Date _____
Training Center_____
Training Center ID# _____
Training Site Name (if applicable) _____
Course Location _____
Address _____
City, State ZIP _____

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 *(Attach copy of instructor card for instructors 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

Date _____ **Course** _____ **Lead Instructor** _____

Course Participants

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