

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

Course Information

New Course Renewal Course

Healthcare Provider Course:

This course included all of the Healthcare Provider core components:

Lead Instructor _____

Status: BLS Instr. BLS TCF/RF

Status Renewal Date: _____

Training Center _____ McGregor Memorial EMS _____

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 _____ INSTRUCTOR _____

Course Participants

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