



**American Heart Association Emergency Cardiovascular Care Programs
Basic Life Support Course Roster**

Course Information

Lead Instructor _____

BLS Course (instructor-led)

Initial Renewal

HeartCode® BLS

Phone number _____ Email _____

Include in attachments:

- Sign in Sheet
- Skills Sheets
- Online Certificate (HeartCode Only)
- Exam Answer Sheets

Training Center: **National EMS Academy**
Training Center ID# **LA 20741**

Course Location _____
Address _____
City, State ZIP _____

Course Start Date _____	Start Time _____	Course End Date _____	End Time _____	Total Hours of Instruction _____
No. of Students _____	No. of Passed Students _____	Student-Manikin Ratio _____		

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>		
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Instructor Signature</i>
1.		
2.		
3.		
4.		
5.		

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

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