## **Basic Life Support Course Roster** Emergency Cardiovascular Care Programs



<b>Course Information</b>			
BLS Course (instructor-led) BLS Renewal Course (instructor-led) HeartCode® BLS BLS Instructor		Lead Instructor	
Course Start Date/Time	_ Course End Date/Tir	me Total Hours	of Instruction
No. of Cards Issued	Student-Manikin Ra	atio Issue Date of Cards	
Assisting Instructor (Atta	ach copy of instructor ali	gned with a TC other than the p	rimary 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 ac	ccordance with AHA guidelines.
Signature of Lead Instructor		Date	

## **Course Participants**



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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.			
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