

**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support (BLS)
 eLearning Skills Session Roster**

Course Information

BLS Programs:

BLS HCP Online

Skills Evaluator/Instructor: _____

Status: BLS Instr. HS Instr. BLS TCF/RF/NF SE

Status Renewal Date: __June 2013_____

Training Center: __CPR Consultants, Inc. _____

Training Site Name (if applicable) __CPR Consultants, Inc. _____

Course Location_____

Address _____

City, State ZIP _____

Assisting Instructors (Attach copy of instructor or skills evaluator card if not aligned with primary TC)

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>/Instr. card</i>	<i>Exp. Date</i>
1.			5.		
2.			6.		
3.			7.		
4.			8.		

I verify that this information is accurate and truthful, and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

 Signature of Instructor

 Date

Session Roster for _____

Instructor: _____

Course Participants **Note – If you are performing multiple skills practice and testing sessions over multiple days, you may use one roster.

<i>NAME and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	<i>Address</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed Y or N</i>	<i>Remediation Date (if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							