



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

Course Information

- New Course
- Renewal Course

Lead Instructor _____

Status Renewal Date _June 2013_____

Training Center _CPR Consultant, Inc._____

Training Center ID# _20514_____

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

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 _____

<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>Name and Instructor ID#</i>	<i>Card 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 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</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
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8.			
9.			
10.			