



UnityPoint Health
Des Moines

American Heart Association Emergency Cardiovascular Care Program

Roster Form - BASIC LIFE SUPPORT COURSES

BLS Provider

BLS Renewal

OR

Online Skills Testing

HeartCode BLS

Course Start Date/Time: _____

Site: _____

Adult Manikins: _____

Course End Date/Time: _____

City: _____

Baby Manikins: _____

Participants: _____

Total Hours of Instruction: _____

Student/Manikin Ratio: _____

Passed: _____

Manikin/Instructor Ratio: _____

Instructor Information: (Attach copy of instructor card for instructors aligned with TCs other than UnityPoint Health CTC)

	Instructor Name	Instr. Card Exp. Date	Module/Stations taught
Lead			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			
Assisting			

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines. The manikins were decontaminated appropriately following this course.

Signature of the Lead Instructor

Date