## **BLS Cover Sheet**

American Heart Association Emergency Cardiovascular Care Program



Course Information									
□ BLS Provider				BLS Renewal			_S HeartCode clude certificates)		
Organization							Instructor Names		
Course Date		_		Lead					
Start Time				Assisting					
End Time				Assisting					
Total Hours				Assisting					
# Adult Manikins				Assisting					
# Baby Manikins				Assisting					
# Students Attended				Assisting					
# Students Passed				Assisting					
Card Fee									
Quantity*		Description  BLS Provider eCard		Pri		rice Each		Total Price*	
Method of Payment									
	Credit Car	rd on File	Name on card and zip code						
	Call in Cre	edit Card 515-241-6811	Name of individual calling						
	Check made payable to UnityPoint Health-CTC		Note anticipated date						
	Company Transfer		Account Number						
	□ UPHDM Employee								
★ Values automatically calculate									
Additional Comments:									
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: Date:								

Send Completed Order Form to:
UnityPoint Health-Des Moines Community Training Center

DM\_CTC@unitypoint.org

(515) 241-6811 ● (515) 241-5038 fax