# American Heart Association Emergency Cardiovascular Care Program

## Roster Form - BASIC LIFE SUPPORT COURSES

- **BLS Provider**
- **BLS Renewal**

<table>
<thead>
<tr>
<th>OR</th>
<th>Online Skills Testing</th>
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<tbody>
<tr>
<td></td>
<td>□ HeartCode BLS</td>
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### Course Details
- **Course Start Date/Time:** _____________________________
- **Site:** _____________________________
- **Course End Date/Time:** _____________________________
- **City:** _____________________________
- **Total Hours of Instruction:** _____________________________
- **Student/Manikin Ratio:** _____________________________
- **# Adult Manikins:** _____________________________
- **# Baby Manikins:** _____________________________
- **# Participants:** _____________________________
- **# Passed:** _____________________________
- **Manikin/Instructor Ratio:** _____________________________

### Instructor Information:

**Instructor Name** | **Instr. Card Exp. Date** | **Module/Stations taught**
--- | --- | ---
Lead | | |
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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