

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

- New Course
- Renewal Course
- Instructor
- Provider

Lead Instructor \_\_\_\_\_

Status Renewal Date \_\_\_\_\_

 Training Center Heart Smart Team, Inc.

 Training Center ID# NC20838

Training Site Name (if applicable) \_\_\_\_\_

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 _____

**Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)**

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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 <b>PRINT</b> 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.			
7.			
8.			
9.			
10.			