



**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 2017

Training Center: CPR CONSULTANTS, INC.

Training Center ID: NC20514

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

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_  
(Actual Time) (Actual Time) (Actual Hours)

\*No. of Cards Issued \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_

\*Number of Cards that will be issued, based upon number of students that completed class

**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 PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Address/Telephone</i>	<i>SCORE</i> (must be 84% or higher)	<i>Remediation/ Score</i> (if score was less than 84%, Remediated Score )
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			