



**American Heart Association Emergency Cardiovascular Care Programs
Basic Life Support for Healthcare Providers (BLS HCP)
eLearning Skills Session Roster**

Course Information

- BLS HCP Online
- HeartCode® BLS

Instructor _____

Status Renewal Date: June 2017

Training Center: Response Institute CPR Consultants, Inc.

Training Center ID#: NC2051

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

(Must have Certificate of Completion)

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful, and that it may be confirmed. This session was conducted in accordance with AHA guidelines.

Signature of Instructor

Date

Session Roster for _____

Instructor _____

Course Participants (Note: If you are performing multiple skills practice and testing sessions over multiple days, you may use 1 roster)

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Address</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Start Time</i>	<i>End Time</i>	<i>Completed Y or N</i>	<i>Remediation (if applicable)</i>
1.							
2.							
3.							
4.							
5.							
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10.							