

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course

Lead Instructor _____
 Lead Instructor ID# _____
 Card Expiration Date _____
 Training Center Lifesavers
 Training Center ID# NJ20314
 Training Site Name (if applicable) CPR Indianapolis
 Address 2201 East 46th Street, Suite 193
 City, State ZIP Indianapolis, IN 46205
 Course Location CPR Indianapolis

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

<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 course was taught in accordance with AHA guidelines.

 Signature of Lead Instructor

 Date

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<p><i>Name and Email and Phone</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p>	<p>Skills Checks</p>	<p>Complete/ Incomplete</p>	<p>Remediation/Date Completed (if applicable)</p>
1.	O Adult BLS		
	O Infant BLS		
2.	O Adult BLS		
	O Infant BLS		
3.	O Adult BLS		
	O Infant BLS		
4.	O Adult BLS		
	O Infant BLS		
5.	O Adult BLS		
	O Infant BLS		
6.	O Adult BLS		
	O Infant BLS		
7.	O Adult BLS		
	O Infant BLS		
8.	O Adult BLS		
	O Infant BLS		
9.	O Adult BLS		
	O Infant BLS		
10.	O Adult BLS		
	O Infant BLS		