

Basic Life Support or Heartsaver Course Roster

Emergency Cardiovascular Care Programs



Course Information

... BLS Course (instructor-led) _____

Lead Instructor _____

HeartCode® BLS

Lead Instructor ID# _____

... Heartsaver CPR AED _____

Card Expiration Date _____

... Heartsaver First Aid _____

Training Center **Delaware State Fire School**

Training Center ID# **DE-00004**

... Heartsaver First Aid CPR AED _____

Address **1461 Chestnut Grove Road**

City, State ZIP **Dover, DE 19904**

Course Location _____

Course Start Date/Time _____

Course End Date/Time _____

Total Hours of Instruction _____

No. of Cards Issued _____

Student-Manikin Ratio _____

Issue Date of Cards _____

Assisting Instructor *(Attach copy of instructor 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 _____.

Effective 08/11/21

Course:

- BLS Provider CPR AED Course (4 hours)
- Heartcode BLS Provider CPR AED Course (2 hours)
- HeartSaver CPR AED Course (3 hours)
- HeartSaver First Aid Course (3 hours)
- HeartSaver First Aid CPR AED Course (6 hours)



Course Participants

Date _____ Lead Instructor _____ Lead Instr. ID# _____

Name and Email <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>		Mailing Address	Station or Organization	DOB	Complete/Incomplete	Remediation Date (if applicable)	Exam Grade (if applicable)
1 Name:							
Email:							
2 Name:							
Email:							
3 Name:							
Email:							
4 Name:							
Email:							
5 Name:							
Email:							
6 Name:							
Email:							
7 Name:							
Email:							
8 Name:							
Email:							
9 Name:							
Email:							
10 Name:							
Email:							