Basic Life Support or Heartsaver Course Roster

Emergency Cardiovascular Care Programs

KJ1216 BLS 4/16 © 2016 American Heart Association





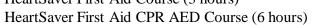
Course Information			
BLS Course (instructor-led) HeartCode® BLS Heartsaver CPR AED Heartsaver First Aid Heartsaver First Aid CPR AED		Lead Instructor	
		Lead Instructor ID#	
		Card Expiration Date Training Center Delaware State Fir	
		Training Center ID# DE-00004 Address 1461 Chestnut Grov	
		City, State ZIP Dover, DE 19904	
		Course Location	
Course Start Date/Time	Course End	Date/Time	Total Hours of Instruction
No. of Cards Issued	Student-Mar	nikin Ratio	Issue Date of Cards
Assisting Instructor (Attack	n copy of instructor aligne	d with a TC other than the prima	ry 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	e and truthful and that it may be	confirmed. This course was taught in acco	ordance with AHA guidelines.
Signature of Lead Instructor		Date .	Effective 08/11/2
Signature of Lead Instructor		Dale .	Effective 06/11/2

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)







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Course Participants

Date Lead Instructor	Lead Instr. ID#					
Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	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:						
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