



Lead Instructor:	Phone:	Email Address
Lead Instructor ID#	Card Expiration Date:	

Training Site Name (if applicable):
Training Site Full Address:
Course Location:

Type of Program:

Basic Life Support

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

Course Start Date/Time: _____

Course End Date/Time: _____

Total Hours of Instruction: _____

Student-Manikin Ratio: _____

No. of Cards Issued: _____

Issue Date of Cards: _____



The course for which you are enrolled may include physical strain, possibility for cross infection, and emotional stress. CPR is very strenuous both in practicing on the manikin and performing CPR on a cardiac arrest victim. If you have any medical conditions or cardiovascular disease history that may be aggravated by this course, please consult your physician as to whether you should participate in a CPR course. If you have any reservations about your ability to perform CPR on a cardiac arrest victim, you may want to reconsider taking this course. If you have recently had any infectious disease, including upper respiratory infection or open sores on your mouth and/or on hands, it is imperative to defer manikin practice.

By filling in my name by hand, initialing by my typed name below I have acknowledged that I have read all the above statements and absolve the American Heart Association, its TCs, and instructors from any liability associated herewith. I do not currently have any infectious disease.

	Initial	Name	Address	Email	Exam Score	Status <i>C=Complete</i> <i>I = Incomplete</i> <i>R= Remediated</i>	Remediation/ Date Completed
1							
2							
3							
4							
5							
6							
7							
8							
9							



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

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	Initial	Name	Address	Email	ExamScore	Status <i>C=Complete</i> <i>I=Incomplete</i> <i>R=Remediated</i>	Remediation/ Date Completed
10							
11							
12							
13							
14							
15							
16							
17							
18							



- *The Completed Course Roster must be submitted to EdCor within 14 days of the class. **For Students who have not yet met course completion requirements, a copy of their written examination answer sheet (if applicable) and skills performance sheet is attached to the roster.** For online courses, a copy of the on-line certificate and Critical Skills Testing Check List must be available by the Training Site or Instructor upon request at any time or sent to EdCor within 30 days of the course. Training sites are responsible for completing all required paperwork for each individual class. All class records must be maintained for 3 years and must be available to the TC and accessible as requested by the AHA.*

I, _____, verify that this course was taught in accordance with AHA guidelines. I have followed the AHA requirements in presentation and testing for this class and have used the AHA course materials. I verify that the information on this roster is accurate and truthful and that it may be confirmed.

(Course Director Signature)

Date:

(Valid Signature is accepted when full name is typed in above)

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

Date

Course

Instructor



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

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	Initial	Name	Address	Email	Exam Score	Status <i>C=Complete</i> <i>I=Incomplete</i> <i>R=Remediated</i>	Remediation/ Date Completed
19							
20							
21							
22							
23							
24							
25							
26							
27							