



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

**Course Information**

New Course

Renewal Course

Instructor \_\_\_\_\_

Training Center Interior Region EMS Council, Inc.

Training Center ID# AK03066

Training Site Name (FMH only) \_\_\_\_\_

Course Location \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_

No. of Cards to be Issued \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_

**Assisting Instructors** (Attach copy of instructor card for instructors 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

Date \_\_\_\_\_

BLS HCP Course

Instructor \_\_\_\_\_

**Course Participants**

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>		<i>Home Mailing Address</i>	<i>Telephone</i>	<i>Dept.</i> <i>(for FMH purposes)</i>	<i>Complete/Incomplete</i>	<i>Remediation Date Completed (if applicable)</i>	<i>Exam Score</i> <b>84% or higher</b>
1. First Name	Last Name						
Email		City State Zip Code					
2. First Name	Last Name						
Email		City State Zip Code					
3. First Name	Last Name						
Email		City State Zip Code					
4. First Name	Last Name						
Email		City State Zip Code					
5. First Name	Last Name						
Email		City State Zip Code					
6. First Name	Last Name						
Email		City State Zip Code					
7. First Name	Last Name						
Email		City State Zip Code					
8. First Name	Last Name						
Email		City State Zip Code					
9. First Name	Last Name						
Email		City State Zip Code					
10. First Name	Last Name						
Email		City State Zip Code					