



**American Heart Association Emergency Cardiovascular Care Programs
Advisor: BLS Roster**

Course Information

Advisor: BLS

Lead Instructor _____
 Lead Instructor ID# _____
 Status Renewal Date _____
 Training Center _____
 Training Center ID# _____
 Training Site Name (if applicable) _____
 Course Location _____
 Address _____
 City, State ZIP _____

Start Date/Time _____ End Date/Time _____ Total Hours of Instruction _____
 No. of Cards 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)

<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

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

Course Participants

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