

**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support eLearning
 Skills Session Roster**

Course Information

BLS Programs:

- BLS HCP Online
- BLS Heartcode
- BLS for HCP Anytime

Heartsaver Programs:

- Heartsaver First Aid Online
- Heartsaver First Aid Online With CPR & AED
- Heartsaver CPR & AED Online
- Heartsaver AED Anytime

Instructor: _____

Status: BLS Instr. HS Instr. BLS TCF/RF/NF

Status Renewal Date: _____

Training Center _____

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Assisting Instructors (Attach copy of instructor card if not aligned with primary TC)

<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>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 session was conducted in accordance with AHA guidelines.

 Signature of Course Director

 Date

Session Roster for _____

Instructor: _____

Course Participants **Note – If you are performing multiple skills practice and testing sessions over multiple days, you may use one roster.

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Session Date</i>	<i>Session Start Time</i>	<i>Session End Time</i>	<i>Successfully Completed Y or N</i>	<i>Remediation Date (if applicable)</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							