Basic Life Support Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

Course Information

- ☑ BLS Course
- ☐ BLS Renewal Course
- ☐ HeartCode® BLS
- ☐ BLS Instructor Course
- ☐ Advisor: BLS

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center GMR Learning

Training Center ID# CA02812

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

Course Start Date/Time	Course End Date/Time	Total Hours of Instruction
No. of Cards Issued	Student-Manikin Ratio	Issue Date of Cards

Assisting Instructors *(For Instructors aligned with another primary TC, provide copy of Instructor card)*

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

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