

**American Heart Association Emergency Cardiovascular Care Programs  
Basic Life Support (BLS)  
Course Roster**
**Course Information**

- New Course /Provider
- Update Course/Renewal
- Instructor

**Lead Instructor** \_\_\_\_\_

Status Renewal Date \_\_\_\_\_

 Training Center HOLY CROSS HOSPITAL

 Training Center ID# MD01573

Training Site Name (if applicable) \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<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

**Course Participants**

<i>Name and Email</i> Please <b>PRINT your name</b> as it will appear on your eCard. Please	<b>EMAIL ADDRESS</b> print <b>email address</b> legibly.	<b>Telephone</b>	<i>Complete / In complete</i>	<i>Test Score</i>	<i>Remediation/Date Completed (if applicable)</i>
1.Name: <b>Terry White</b>	whitete@holycrosshealth.org	240 988-8755	<b>C</b>	100%	
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