

**American Heart Association Emergency Cardiovascular Care Program
 Basic Life Support for Healthcare Providers
 Course Roster**

Course Information

New Course Renewal Course

Healthcare Provider Course:

This course includes all of the Healthcare Provider core components.

Site Number (if applicable): _____

Lead Instructor _____

Status: BLS Instructor BLS TCF/RF

Instructor Renewal Date: _____

Course Location: _____

Course Address: _____

Course Start Date/Time _____	Course End Date/Time _____	Total hours of Instruction _____
# of Cards to be Issued _____	Student/Manikin Ratio _____	Issue Date of cards _____

Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)

Name	Instr. card	Exp. Date	Name	Instr. 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 Course Director

 Date

- Provider Cards picked up from Tulane Sim Center CTC.
 - Provider Cards issued from Training Site stock.
 - Provider Cards to be mailed to address below. Enclosed is payment of \$ _____.
- Mailing address: _____

OFFICE USE ONLY

Payment Received

Order Fulfilled

Entered into Enrollware

DATE _____ COURSE Healthcare Provider LEAD INSTRUCTOR _____

Course Participants

<i>NAME & EMAIL ADDRESS</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>	<i>Exam Score</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					