

**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.							