

**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

Skills Evaluator/Instructor: _____

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

Status Renewal Date: _____

Training Center _____

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Assisting Skills Evaluator or Instructors *(Attach copy of instructor or skills evaluator card if not aligned with primary TC)*

<i>Name</i>	<i>SE/Instr. card</i>	<i>Exp.</i>	<i>Name</i>	<i>SE/Instr. card</i>	<i>Exp.</i>
<i>Date</i>			<i>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 Skills Evaluator/Instructor

 Date

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

<i>NAME and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address carefully.	<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.							