

**American Heart Association Basic Life Support Course Roster
St. David's HealthCare Institute for Learning--2015 AHA Guidelines**

Course Location _____ **Start Time** _____ **End Time** _____ **Date** _____

Course Type: Healthcare Provider: New ____ Renewal ____ Heartcode BLS ____ Heartsaver: ____ CPR/AED/First Aid- Adult/Pediatric/Both Family/Friends ____

Send copy of ALL paperwork to Institute for Learning: Roster, skills checklists, exam answer sheets, course evaluations, Heartcode Part 1 certificates.

NAME	3-4 ID	EMAIL ADDRESS	TITLE	FACILITY	UNIT	EXAM SCORE	Heartcode BLS Part 1 certificate attached.	Heartcode BLS Part 2 Skills Validated
Example: Jimmy Jones	xyz1234	jjones@internet.com	RN	SDMC	ICU	Online	✓	✓
Example: Joanie Jims	abc6789	jjims@website.com	RRT	NAMC	RT	100%	N/A	N/A

Instructors: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

I verify this information is accurate and truthful and may be confirmed. This course was taught in accordance with AHA guidelines

Lead Instructor _____ Date _____ Page _____