American Heart Association Basic Life Support Course Roster
St. David's HealthCare Institute for Learning

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 Validated in HIN*
Example: Jimmy Jones	**xyz1234**	**jjones@internet.com**	**RN**	**SDMC**	**ICU**	**Online**	✔	✔
Example: Joanie Jim	**abc6789**	**jjim@website.com**	**RRT**	**NAMC**	**RT**	**100%**		

***HIN=Heartcode Instructor Network**

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 _____