



Basic Life Support Course Roster



COURSE INFORMATION

Basic Life Support (Instructor Led) ☐
Heartcode BLS Skills Check ☐
BLS Instructor ☐

Heartsaver CPR AED ☐ **K-12** ☐
☐ Child CPR AED ☐ Infant CPR AED ☐ Optional Exam Given?

Heartsaver First Aid CPR AED ☐ **K-12** ☐
☐ Child CPR AED ☐ Infant CPR AED ☐ Optional Exam Given?

Heartsaver First Aid ONLY ☐ **K-12** ☐
☐ Optional Exam Given?

Heartsaver Pediatric First Aid CPR AED ☐
☐ Adult CPR ☐ Optional Exam Given?

Heartsaver Family & Friends CPR ☐

Manikins Sanitized: ☐ Yes ☐ No Student/Manikin Ratio: _____
Any Conflicts? ☐ Yes ☐ No
If Yes-complete conflict form & submit to TC Coordinantor

Lead Instructor: _____

Instructor Type: _____

Instructor Exp. Date: _____

Training Center: Conway Regional Health System - AR04272

Location of Class: _____

Course Start Date: _____ Start Time: _____ ☐ AM ☐ PM

Course End Date: _____ End Time: _____ ☐ AM ☐ PM

Total Instruction Hours: _____

By submitting this course roster, I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Training Center Use Only:

Date Roster Received: _____ Issue Date of Cards: _____

Number of Cards Issued: _____ Training Center Staff: _____

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		



Participant List

[illegible]

Instructor Mailing Information

Please provide an address where you would like us to mail cards if you do not plan to do business in person. All cards will be mailed to lead instructor ONLY!!

Name: Telephone:

Address: City: State: Zip:

E-mail Address:

TO CHARGE YOUR PAYMENT TO A CREDIT/DEBIT CARD, PLEASE COMPLETE THE FORM BELOW:

Please place a ✓ next to the type of card you will be using for the purchase

☐☐☐

Cardholder Name: Card Number: - -

Exp Date: Signature: Date:

☐ By checking this box, I am providing my electronic signature approving all of the information above.