



Seven Mountains EMS Council AHA Community Training Center

American Heart Association Emergency Cardiovascular Care Programs
 Basic Life Support for Healthcare Providers (BLS HCP)
 Course Roster

Course Information

- New Course
- Renewal Course

Lead Instructor: _____
 Lead Instructor ID #: _____
 Status Renewal Date: _____
 Training Center- Seven Mountains EMS Council
 Training Center ID# 04997
 Training Site Name (if applicable): _____
 Course Location _____
 Address: _____
 City, State ZIP: _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____
 No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

<i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i>			
<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card 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 course was taught in accordance with AHA guidelines.

 Signature of Lead Instructor

 Date

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Date _____ Course _____ Lead Instructor _____

Course Participants

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
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10.			

Course Evaluation Summary – Indicate the number of responses received for each evaluation question & any general comments.

Reason for taking course: _____

- 1) Overall Course Impression: ___Excellent ___Good ___Fair ___Poor
- 2) Objectives Met: Yes No
- 3) Adequate Supplies Available: Yes No
- 4) Facilities were Appropriate: Yes No
- 5) Instructor(s) Knowledgeable & Clear ___Excellent ___Satisfactory ___Needs Improvement
- 6) Instructor(s) Feedback ___Excellent ___Satisfactory ___Needs Improvement
- 7) Course Materials were Adequate Yes No

Additional Comments: _____

I verify that this information is accurate and truthful, and that it may be confirmed. I also verify that the program indicated above was conducted in accordance with all applicable AHA policies and procedures including the AHA Course fees disclaimer. Rosters signed electronically will be maintained with the sending e-mail to verify authenticity of origin of document. Questions will be addressed to the lead instructor indicated.

Signature of Instructor Date

<p><u>Council Use:</u></p> <p>Date Received: _____ Date Processed: _____ Invoice Number: _____</p> <p>Paperwork Submitted: <input type="checkbox"/> Student Grade Sheets <input type="checkbox"/> Course Evaluations and/or Summary</p> <p>Comments: _____</p>
