NAL

American Heart Association Emergency Cardiovascular Care Programs

BLS for Prehospital Providers

Course Roster

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| **Course Information** |  |

 **New Course**

 **Renewal Course**  **Lead Instructor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Lead Instructor ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Lead Instructor Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Lead Instructor Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Status Renewal Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Training Center **Texas A&M International University**

 Training Center ID# **TX-04814**

 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Assisting Instructors (Attach copy of Instructor card for Instructors aligned with other than primary TC)* |
| *Name and Instructor ID# Card Exp. Date*  | *Name and Instructor ID# Card Exp. Date*  |
| 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.

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Signature of Lead Instructor Date

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: BLS for Prehospital Providers Lead Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Participants**

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| Name and Email***Please PRINT as you wish your name to appear on your card. Please print email address carefully.*** | Address/Telephone |  | *Complete/**Incomplete* | *Remediation/Date Completed**(if applicable)* |
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