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* |
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| 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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