

Basic Life Support (BLS) Provider Course

Course Roster Form



SOUTHEASTERN ILLINOIS COLLEGE AMERICAN HEART ASSOCIATION TRAINING CENTER American Heart Association Emergency Cardiovascular Care Program

Course Information

Basic Life Support (BLS) Provider Course

This course includes all of the BLS provider core components.

Lead Instructor: _____

Status: BLS Instructors BLS TCF/RF

AHA Instructor ID: _____

Did you teach this class on work time? Y/N

Class Location: _____

Start Time: _____

End Time: _____

Start Date: _____

End Date: _____

TO BE COMPLETED BY TRAINING CENTER:

Course & Section Number: _____

Credit Hours: _____ **Training Center ID#:** IL05797 _____

Course completion cards were sent to:

Student(s) _____

Instructor _____

-Skills checklists received: Y/N Cards sent out in 3 days: Y/N

-Exam answer sheets received: Y/N Cards sent out in 7 days: Y/N

-Course evaluations received: Y/N

of Cards Issued _____ Issue Date of Cards _____

Student/Manikin Ratio _____

To Be Completed By IYC Instructors ONLY:

Harrisburg _____ Staff _____

of Students _____

(Please check all that apply)

Assisting Instructors/Specialty Faculty (Attach copy of instructor card for instructors aligned with other primary TC, if never taught for SIC before)

Name	Instr. Card Exp. Date	Module/Station	Name	Instr. Card Exp. Date	Module/Station
1.			3.		
2.			4.		

I verify that this information is accurate and truthful and that it may be confirmed. I verify that the course was taught according to AHA/SIC guidelines. And, that the procedure for manikin decontamination has been completed in accordance with AHA/SIC guidelines. I hereby certify that the students listed have actively pursued completion of this course and I have proper documentation to support this certification.

Signature of Instructor

Date

DATE _____

COURSE __ BLS Provider _____

LEAD INSTRUCTOR _____

NAME <i>Please PRINT as you wish your name to appear on your card.</i>	ADDRESS City/State+Zip Code	TELEPHONE (including Area Code) and e-mail address	Complete/ Incomplete	Remediation/ Date Completed	Exam Score % AND Pass or Fail
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Return completed form to: Southeastern Illinois College, ATTN Marcey Martin, 3575 College Rd, Harrisburg, IL 62946
Phone: 618-252-5400, ext. 2301, Fax: 618-252-9241**