



American Heart Association Emergency Cardiovascular Care Program  
**HEARTSAVER / BASIC LIFE SUPPORT COURSE ROSTER**

	NAME (PRINT CLEARLY)	Email Address (Required)	Dept. (BC)	Test Score	Complete	Remed Date	LMS	
							Done	Ver
1								
2								
3								
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20								

<b>Basic Life Support</b> <input type="checkbox"/> On-Line Skills Check <input type="checkbox"/> BLS Provider	<b>Heartsaver CPR/AED</b> <input type="checkbox"/> On-Line Skills Check <input type="checkbox"/> Adult CPR/AED <input type="checkbox"/> Child CPR/AED <input type="checkbox"/> Infant CPR/AED <input type="checkbox"/> Written Exam (Optional)	<b>Heartsaver First Aid</b> <input type="checkbox"/> Heartsaver First Aid <input type="checkbox"/> On-Line Skills Check <input type="checkbox"/> Adult CPR/AED <input type="checkbox"/> Child CPR/AED <input type="checkbox"/> Infant CPR/AED <input type="checkbox"/> Written Exam (Optional)	<b>Pediatric First Aid</b> <input type="checkbox"/> Pediatric First Aid <input type="checkbox"/> Asthma Care for Childcare Providers <input type="checkbox"/> Child and Infant CPR/AED <input type="checkbox"/> Adult CPR <input type="checkbox"/> Written Exam (Optional)	<b>Specialty</b> <input type="checkbox"/> Instructor
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Send all completed rosters to: Billings Clinic Training Center  
 2800 Tenth Avenue North  
 PO Box 37000  
 Billings, MT 59107-7000

TC: Billings Clinic Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Site: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Number Completed: \_\_\_\_\_

**Lead Instructor**

Remediated: \_\_\_ Yes \_\_\_ No

Appropriate Ratio: \_\_\_ Yes \_\_\_ No

**Email Address: (Required)**

	Name (Assisting Instructors)	Instructor ID#	Inst. Expiration Date	Time In	Time Out	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Assisting Instructors/Specialty Faculty must attach a copy of their instructor card if aligned with Training Center other than the Billings Clinic.**

Manikins were cleaned according to TC Manikin Cleaning Policy. (Initials)

Adult QTY:

Child QTY:

Infant QTY:

I verify this information is accurate and truthful, and that it can be verified. This course was taught in accordance with the current guidelines of the American Heart Association.

\_\_\_\_\_  
 Instructor Signature Date