

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- BLS Course (instructor-led)
- BLS Renewal Course (instructor-led)
- HeartCode® BLS
- BLS Instructor

Lead Instructor Carolyn Tomao

Lead Instructor ID# _____

Card Expiration Date _____

Training Center ABC Community Training Center, Inc.

Training Center ID# MA05865

Training Site Name (if applicable) _____

Address 550 Cochicuate Road, Suite 25 Floor 4

City, State ZIP Framingham, MA 01701

Course Location ABC CPR Services, Inc.

| | | |
|--|---|---|
| Course Start Date/Time <u>1/24/2018 8 AM</u> | Course End Date/Time <u>1/24/2018 12 PM</u> | Total Hours of Instruction <u>4 hours</u> |
| No. of Cards Issued <u>5</u> | Student-Manikin Ratio <u>2:1</u> | Issue Date of Cards _____ |

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the 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.

Carolyn Tomao
Signature of Lead Instructor

1/24/2018
Date