

# Basic Life Support for Healthcare Provider

## Course Roster Form



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

#### Course Information

**Healthcare Provider Course:**

**New Course (CPR 131)**     **Renewal Course (CPR 134)**

This course includes all of the Healthcare Provider core components.

**Lead Instructor:** \_\_\_\_\_

Status:     BLS Instructors     BLS TCF/RF

**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:** \_\_\_\_\_

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 \_\_\_\_\_

Murphysboro \_\_\_\_\_ # 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 Healthcare Provider(new/renewal)

LEAD INSTRUCTOR \_\_\_\_\_

NAME <i>Please <b>PRINT</b> as you wish your name to appear on your card.</i>	ADDRESS City/State+Zip Code	TELEPHONE (including Area Code) and <b>e-mail address</b>	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: CPR Coordinator, 2 E. Locust, Suite 200, Harrisburg, IL 62946  
Phone: 618-252-5001, ext. 5, Fax: 618-252-0210**