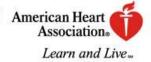
## **Basic Life Support for Healthcare Provider**

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.	TO BE COMPLETED BY TRAINING CENTER:  Course & Section Number:  Credit Hours:
Lead Instructor:	Course completion cards were sent to:  Student(s)  Instructor
Did you teach this class on work time? $\underline{Y/N}$	-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
Class Location:	-Course evaluations received: <u>Y/N</u> # of Cards Issued Issue Date of Cards
Start Time: End Time:	Student/Manikin Ratio  To Be Completed By IYC Instructors ONLY:
Start Date: End Date:	Harrisburg Staff Murphysboro # of Students (Please check all that apply)
before)	card for instructors aligned with other primary TC, if never taught for SIC
Name Instr. Card Exp. Date Module/Station	Name Instr. Card Exp. Date Module/Station
1. 2.	3. 4.
I verify that this information is accurate and truthful and that it may be o	confirmed. I verify that the course was taught according to AHA/SIC guidelines. I hereby certify that the students
Signature of Instructor Date	

DATE	COURSE Healthcare Provider(new/renewal) LEAD INSTRUCTOR				
NAME Please <b>PRINT</b> as you wish your name to appear on your card.	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