



**American Heart Association Emergency Cardiovascular Care Programs
WE R CPR 5959 Shallowford Rd Suite 227 Chattanooga, TN 37421
Basic Life Support for Healthcare Providers (BLS HCP)**

Ph# 423-553-0400 Fax# 423-648-0530 info@wercpr.com Course Roster Training Center ID# TN20588

Course Information

BLS for Healthcare Providers

- BLS Classroom Course (Instructor led)
- Renewal* BLS Classroom Course (Instructor led)
- HeartCode® BLS Skills Session

Lead Instructor _____ ID# _____

Lead Instructor's Status Renewal Date: _____

Course Location _____

Address _____

City, State ZIP _____

Manikin Decontaminated by: _____

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
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 2025 guidelines.

Signature of Lead Instructor

Date

IN OFFICE USE ONLY

Paid _____	Enrollware _____
Issued _____	Corrections _____
Eval _____	Received _____

Date	Course	Lead Instructor	Lead Instructor ID#			
<u><i>PRINT Full Legal Name/ Email Address</i></u> <i>Please print name & email address legibly.</i>	<u><i>Home Address with</i></u> City State ZIP	Telephone	<i>Test Version</i>	<i>Test Number/ Certificaton #</i>	<i>Exam Score/ Remediate Score >84%</i>	<i>Remediate/ Date Complete</i>
1. Name						
Email						
2. Name						
Email						
3. Name						
Email						
4. Name						
Email						
5. Name						
Email						
6. Name						
Email						
7. Name						
Email						
8. Name						
Email						
9. Name						
Email						
10. Name						
Email						

