

Seven Mountains Community Training Center

Basic Life Support Course Roster

Instructor Information (Please Print)

Instructor Name: _____ Level of Certification: _____ Renewal Date: _____

Instructor Address: _____ Telephone No: _____

Names of Assisting Instructors	Level of Certification/Module Taught	CTC Affiliation

Course Information Guidelines Taught: 2005 2010

Course Type:

BCLS

Heartsaver First Aid

- Family & Friends
- Heartsaver - AED
- CPR in Schools



Check all modules taught

- Adult
- Child
- Infant

Provider Course

- (Choose one only) Adult CPR **OR** Adult CPR & AED
 (Choose one only) Child CPR **OR** Child CPR & AED
 Infant CPR
 Environmental

BLS for Healthcare Provider

Instructor

Instructor

Course Location: _____

Course Date(s)/Time(s): _____

Total Hours of Instruction: _____ Student/Manikin Ratio: _____ # of Students in Attendance: _____

