



Course Format: *Instructor Lead* *eLearning*

Training Site: \_\_\_\_\_

Class Date: \_\_\_\_\_

- BLS Provider
- HS CPR AED *Child CPR AED* *Infant CPR* *Exam*
- HS FA CPR AED *Child CPR AED* *Infant CPR* *Exam*
- HS FA *Exam*     Friends & Family     BBP
- HS PED FA CPR AED *Adult CPR AED* *Asthma Care* *Exam*

Name: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor Course *HS BLS ACLS PALS*

ACLS Provider *Initial* *Renewal*

PALS Provider *Initial* *Renewal*

**PRINT NAME CLEARLY**  
*There is a fee for reprints*

Email Address:

Phone

Exam Score

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Assisting Instructor \_\_\_\_\_

Cards already printed, (Training sites only)