

## Completing a BLS Provider Course Roster

### Instructors must complete the following areas:

1. **Course Date (MM/DD/YY):** month, day and year of the course, only one course date per roster
2. **Course Address (City/Town):** street address and the city or town the course was held in
3. **Course Location (building/company):** company or building the course was held in, if applicable
4. **Course Length (hours):** actual running time (in hours) of the course
5. **Course Type Check Box:** select the appropriate course type, only one course type per roster
6. **Exam:** this is the final number of correct answers out of 20 for the written evaluation (NOTE: passing grade for all BLS course exams is 17/20- or 85%). If remediation is required, note the final grade on the roster
7. **Skills S/NYS:** "S" refers to Successful, "NYS" refers to Not Yet Successful (NOTE: for every course participant on the roster who is NYS you MUST attach a copy of the participant's Skills Testing Checklist with submission of the roster)
8. **Lead Instructor Name:** first and last name of the instructor who led the course; this is the instructor who takes responsibility for other instructors on the course and makes any final decisions regarding problems in the course or remediation of students
9. **Assisting Instructor Name(s):** first and last name of the instructor(s) who assisted on the course
10. **Candidate:** first and last name of a BLS Instructor Candidate who was monitored on the course by a current BLS Instructor Trainer or Experienced Instructor. The BLS Instructor Trainer or Experienced Instructor monitoring the candidate must be listed as the lead or assisting instructor on the same roster
11. **Instructor(s) Address/Phone #/E-Mail Address:** home address with street number and city/town, daytime contact phone number and current e-mail address of all instructors on the roster
12. **Instructor(s) Signature:** signature(s) of all instructors involved in the delivery of the course (lead, assisting and/or candidate). Signing the BLS Provider Roster is required and means that you are agreeing to the statement "This course has been conducted according to the guidelines and procedures established by the Heart and Stroke Foundation of Canada."

### Course Participants (students) must complete the following areas:

1. **Surname:** last name of course participant
2. **Given Name:** first name of course participant
3. **Home Address/City/Town/PC:** home address, city/town and postal code of residence of course participant
4. **Home Phone #/E-Mail Address:** current home phone number and e-mail address of course participant

**Submit the original (top/white) roster promptly following completion of the course. Retain the copy (bottom/yellow) of roster for your records. Please do not submit any additional course paperwork to Resuscitation Education, unless a course participant is NYS in which case a copy of the Skills Testing Checklist is required with the original roster. Incomplete rosters will be returned to the Lead Instructor and only processed when completed and re-submitted.**



**HEART & STROKE**  
FOUNDATION  
OF ALBERTA,  
NWT & NUNAVUT

**Finding answers. For life.**

# Basic Life Support (BLS) Provider Roster

Heart&Stroke Resuscitation Education  
10985 124 Street NW Edmonton, AB T5M 0H9  
780.733.3689 (ph) 780.454.1593 (fx)  
1.877.473.0333 (toll free) re@hsf.ab.ca  
www.resuscitationeducation.ca



The Heart and Stroke Foundation of Alberta, NWT & Nunavut is committed to protecting the privacy of personal information. The information collected in this form will be used to generate national and provincial training statistics and as a means of evaluating quality assurance within Resuscitation Programs. If you have any questions or concerns, please contact our office.

**PLEASE PRINT CLEARLY**

Course Date: 1 2 0 5 2 0 0 9	<input checked="" type="checkbox"/> <b>MUST CHECK COURSE TYPE</b>	<input type="checkbox"/> Heartsaver (A)	<input type="checkbox"/> Heartsaver AED (C)	<input checked="" type="checkbox"/> Healthcare Provider (C)	<input type="checkbox"/> Healthcare Provider Renewal (C)	<input type="checkbox"/> Modified (E)	<input type="checkbox"/> Family & Friends (F)
Course Address (city/town): Edmonton							
Course Location (building/company): Compressions R Us							
Course Length (hours): 5 hours							

	Surname	Given Name	Permanent Address	City/Town	Postal Code	Phone #	E-Mail Address	Final Exam	Skills: S/NYS
1	Stewart	Ellen	Box 12	Devon	T3H 8P6	780-893-5436	estewart@hotmail.com	19/20	S
2	Gray	Alan	92-104 Ave	Edmonton	T4L 9H2	780-398-6345	agrey@shaw.ca	20/20	S
3	Brown	Edward	#1204, 1204-11st	Edmonton	T9S 2W5	780-682-5445	ebrown@telus.net	18/20	S
4	Cassidy	Mary	11509-39 Ave	Beaumont	T4X 1W3	780-454-465	mcassidy@yahoo.ca	20/20	S
5								1/20	
6								1/20	
7								1/20	
8								1/20	
9								1/20	
10								1/20	
11								1/20	
12								1/20	

*\*This course has been conducted according to the guidelines and procedures established by the Heart and Stroke Foundation of Canada.*

Please Print Instructor Name(s)	Address	Phone #	E-Mail Address	*Signature
Lead: John Doe	12345-100 street Ed.	780-123-4567	cpr@gmail.com	
Assisting:				
Assisting:				
Candidate:				

Comments: This was a great course - the group was really enthusiastic!

*Please see reverse instructions to complete this roster. Submit original to Resuscitation Education promptly following course; retain second copy for your records.*