

Completing a BLS Course Roster

1. **Course Date** - day, month and year of the course
2. **Course Location** - street address and city, building name may be added
3. **Enrolled** - number of students who attend the course
4. **Pass** - number students who successfully complete the course
5. **Incomplete** - number of students who were not successful
6. **Lead Instructor** - first and last name of the instructor who is leading 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
7. **Assisting** - first and last name of instructors assisting with the course
8. **Monitor** - first and last name of a BLS Instructor Candidate being monitored on the course by a current BLS Instructor Trainer; BLS Instructor Trainer must be listed as lead or assisting instructor on the same roster
9. **Address, Postal Code & Phone** - home street address and city, postal code and home phone number for each instructor and instructor candidate
10. **Card Exp Date** - BLS Instructor card expiry date for each instructor

Students MUST complete:

11. **Name, Address, Postal Code & Home Phone**

Instructors to complete:

12. **Exam %** - this is the percentage grade of the exam (NOTE: passing grade for an HCP – C course is 84%)
13. **Skill** - S or NYS as applicable (NOTE – for every student on the roster who is NYS, you MUST attach a copy of the student’s Skill Checklist)
14. **Course Type Table** - check off the appropriate course type
15. **Lead Instructor Signature** - This is the signature of the instructor listed as “lead instructor” at the top of the roster
16. **Assisting Instructor Signature** - This is the signature of the instructor listed as Assisting at the top of the roster

Central Registry
 10985 124 Street
 Edmonton, Alberta T5M 0H9
 Toll Free: 1.877.473.0333
 Local: 780.733.3689
 Email: centralregistry@hsf.ab.ca
 Website: www.hsfcentralreg.ca

Basic Life Support Roster

Course Date: February 14, 2007
 Course Location: 1205 Drury Lane, Edmonton

Enrolled: 4
 Pass: 4
 Incomplete: 0

Lead Instructor John Doe Address 1024 8th St Postal Code T4Q 1W8 Phone 780-123-4567 Card Exp Date Apr 1, 09
 Assisting _____ Address _____ Postal Code _____ Phone _____ Card Exp Date _____
 Monitor _____ Address _____ Postal Code _____ Phone _____

PLEASE PRINT CLEARLY

	Name	Address	Postal Code	Home Phone	Exam %	SKILL* S/NYS
1	Ellen Stewart	Box 12, Devon, AB	T3H 8P6	780-893-5436	90	S
2	Alan Grey	92-104 Ave Edmonton, AB	T4L 9H2	780-398-6345	100	S
3	Edward Brown	Suite 1204, 1202-11 St Edmonton, AB	T9S 2W5	780-682-5445	95	S
4	Mary Cassidy	150 39 Av Beaumont, AB	T4X 1W3	780-454-4105	100	S
5						
6						
7						
8						
9						
10						
11						
12						


Please Check Type of Course

<input checked="" type="checkbox"/>	Heartsaver - A
<input type="checkbox"/>	Heartsaver - AED - C
<input checked="" type="checkbox"/>	Health Care Provider - C
<input type="checkbox"/>	Health Care Provider Renewal - C
<input type="checkbox"/>	CPR in Schools - D
<input type="checkbox"/>	Modified - E
<input type="checkbox"/>	CPR for Family & Friends - F
<input type="checkbox"/>	Instructor
<input type="checkbox"/>	Instructor Update
<input type="checkbox"/>	Instructor Trainer

S/NYS = Successful/Not Yet Successful

I verify the listed persons have successfully completed the Basic Life Support evaluation in accordance with the Guidelines of the Heart & Stroke Foundation of Canada

Lead Instructor Signature: J. Doe
 Assisting Instructor Signature: _____



HEART & STROKE FOUNDATION OF ALBERTA, NWT & NUNAVUT
Finding answers. For life.

Original white Central Registry – Yellow retain for records
 *Skill: Please attach “copy” of Skill Checklist to roster if student is NYS.