



Avera CTC Coordinator
1000 W. 4th Street, Suite 9
Yankton, SD 57078
(605)668-8475

Instructions:

- Complete **all fields** on the roster in Internet Explorer and return to: AveraCTC@avera.org
- Submit appropriate payment. Use the **Lead Instructor's Name** in the "Student Name" field when entering payment. Please use the link below:
<https://pay.usbank.com/Form/PaymentPortal/Default?id=averacrpaestraining>
- BLS - \$5.00/each



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**American Heart Association Emergency Cardiovascular Care Programs
 Basic Life Support for Healthcare Providers (BLS HCP) Course Roster Form**

Course Information

BLS Course (Instructor-led)

BLS Renewal Course (Instructor-led)

HeartCode® BLS

BLS Instructor

BLS Instructor Renewal

Instructor Name: _____

Instructor ID#: _____

Status Renewal Date: _____

Training Center & ID#: Avera CTC - SD 05845

Course Location: _____

Address: _____

City, State, Zip: _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Students to Receive Cards _____ 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 guidelines.

 Signature of Lead Instructor

 Date



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COURSE PARTICIPANTS



Date: _____ Course: _____ Lead Instructor: _____ Lead Instr. ID#: _____

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
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11.			



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