

**EMS TRAINING COUNCIL
AMERICAN HEART ASSOCIATION - WASHINGTON AFFILIATE
BLS INSTRUCTOR COURSE RECORD**

_____ Instructor Course _____ Instructor Renewal Course
_____ BLS Instructor _____ Heartsaver Instructor

Course Date: _____ Course Location: _____
Regional Faculty/TCF: _____ Phone # _____
Assistants: _____
Start Date: _____ End Date: _____ Start Time: _____ End Time: _____
Total Hours of Instruction: _____

Person or Persons who decontaminated equipment: _____

I verify the following persons have successfully completed the national cognitive and performance examinations in accordance with the Guidelines of the American Heart Association, Washington Affiliate and the National Research Council.

Signature of Regional Faculty/TCF

<u>Name & Address</u>	<u>Phone</u>
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	

Please fill out this roster completely, and return to EMS Training Council within 5 days.
601 W. First Ave, Spokane, WA. 99201 509-242-4264