



**American
Heart
Association®**

life is why™

**Student Answer Sheet
Basic Life Support Exam**

Name: _____ Date: _____ Version: _____

Question	Answer			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

Course Participants

Printed on: 01/16/2016 10:00 AM
 Date of Birth: 01/16/2016
 Date of Issue: 01/16/2016
 Date of Expiration: 01/16/2016
 Date of Renewal: 01/16/2016
 Date of Reissuance: 01/16/2016
 Date of Revocation: 01/16/2016
 Date of Suspension: 01/16/2016
 Date of Termination: 01/16/2016
 Date of Withdrawal: 01/16/2016
 Date of Incomplete: 01/16/2016
 Date of Remediation: 01/16/2016
 Date of Completion: 01/16/2016



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

1. Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Remediation/Date (if applicable)
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- BLS Course (instructor-led)
- HeartCode® BLS
- BLS Instructor

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

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

No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
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 _____