

Guidelines

2025

innovative solutions
in healthcare education, llc
4101-G stuart andrew blvd
charlotte, nc 28217
704-527-5119
www.innosols.com
Fax: 704-817-8849

Lead (Directing) Instructor's Name: _____
(Print) ID No.(initials + last 4 numbers of SSN): _____

Home Address (if changed since last class): _____

Telephone: _____ Email Address: _____

Location of class: _____ TOTAL Number of class participants: _____

Type of course: BLS Provider HeartSaver CPR Heartsaver First Aid CPR AED First Aid Only
(Check one)

Pediatric Heartsaver First Aid CPR AED CPR Family and Friends K-12

Level of course: ACLS Provider Provider Renewal PALS Provider Provider Renewal

(Check one)

(Print) Names of Assisting Instructors	ID Number (initials and last 4 numbers of SSN)	Address (if changed since last report)	Member of innovative solutions community training center? Yes/No (if not, send a copy of this report to your CTC)

The above Instructors have demonstrated the knowledge and skills of a current BCLS, ACLS, or PALS Provider and Instructor:

Date Course Completed

Signature of Lead Instructor

*****BCLS/ACLS/PALS Instructor Reporting Form - Please maintain a copy of this record in your files for at least two years.**