

**BLS INSTRUCTOR COURSE COMPETENCIES SIGN- OFF FORM**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ W.L.: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>PERFORMANCE SKILLS</b>	<b>TC FACULTY SIGNATURE</b>
OBSTRUCTED AIRWAY: CONSCIOUS INFANT	
OBSTRUCTED AIRWAY: UNCONSCIOUS INFANT	
OBSTRUCTED AIRWAY: CONSCIOUS CHILD	
OBSTRUCTED AIRWAY: UNCONSCIOUS CHILD	
OBSTRUCTED AIRWAY: CONSCIOUS ADULT	
OBSTRUCTED AIRWAY: UNCONSCIOUS ADULT	
ONE RESCUER CPR: INFANT	
ONE RESCUER CPR: CHILD	
ONE RESCUER CPR: ADULT	
TWO-RESCUER CPR: ADULT	
MANUAL RESUSCITATOR/ONE-WAY VALVE	
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)	
WRITTEN EXAM	
ESSAY QUESTIONS	
ONLINE INSTRUCTOR ESSENTIALS COURSE	
CPR CLASS OBSERVATION/INSTRUCTOR MONITORING	