

**BASIC LIFE SUPPORT HEALTH CARE PROVIDER COURSE  
SKILL SUMMARY SHEET**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>PERFORMANCE SHILLS</b>	<b>PASS</b>	<b>FAIL</b>	<b>INST. SIGNATURE</b>
Adult One-Rescuer-CPR			
Adult Two-Rescuer-CPR			
Child One-Rescuer-CPR			
Child Two-Rescuer-CPR			
Infant One-Rescuer-CPR			
Infant Two-Rescuer-CPR			
Adult obstructed airway CONSCIOUS			
UNCONSCIOUS			
Child obstructed airway CONSCIOUS			
UNCONSCIOUS			
Infant obstructed airway CONSCIOUS			
UNCONSCIOUS			
Mouth-to-Mask Ventilation			
Adult Bag-Valve-Mask			
Infant Bag-Valve-Mask			
Automated External Defibrillation (AED)			

I certify that all practical skills noted above have been tested separately from practical skill practice and have been tested and evaluated according to critical performance criteria of the American Heart Association and the Regional Emergency Medical Services Council of New York City.

Signature: \_\_\_\_\_

Regional EMS Council of NYC, Inc.