## BASIC LIFE SUPPORT

## **BLS** Provider



has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

**Issue Date** 

**Recommended Renewal Date** 

**Training Center Name** 

**Instructor Name** 

**Training Center ID** 

Instructor ID

**Training Center Address** 

eCard Code

QR Code

Training Center Phone Number



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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