

B A S I C L I F E S U P P O R T

**BLS
Provider**



**American
Heart
Association.**

**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

Renew By

Training Center Name

Instructor Name

Training Center ID

Instructor ID

Training Center City, State

eCard Code

**Training Center Phone
Number**

QR Code



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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