

**BASIC LIFE SUPPORT**

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**BLS  
Provider**



The above individual 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**



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](http://www.heart.org/cpr/mycards).

**Training  
Center Name**

**Training  
Center ID**

**TC Address**

**TC Phone**

**Instructor  
Name**

**Instructor ID**

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**Directions**

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves