

To Whom It May Concern:

In order to maintain a current status for the healthcare professional listed below, this form is presented as a temporary certification in lieu of the official card that has not yet been received for BCLS, ACLS, PALS, NRP, or other indicated certification. The signature below certifies that the named employee has completed and passed the requirements for the listed course. This form is to be completed in its entirety, signed and dated. A copy of both sides of the official card, certificate, and/or transcript is recommended to maintain a current status. Please contact us if we can be of further assistance.

Student Name: _____

Student Signature: _____

Date(s) of Classroom Attendance: _____

Certification(s): _____

Instructor Name: _____

Instructor Signature: _____

Instructor #: _____

Date: _____

Is this training issued by the American Heart Association? Yes No