

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



**American
Heart
Association.**

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) 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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