

# BASIC LIFE SUPPORT

**BLS  
Provider**



**American  
Heart  
Association.**

**[REDACTED]**  
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**

**[REDACTED]**

**Training Center Name**

**[REDACTED]**

**Training Center ID**

**[REDACTED]**

**Training Center City, State**

**[REDACTED]**

**Training Center Phone  
Number**

**[REDACTED]**

**Renew By**

**[REDACTED]**

**Instructor Name**

**[REDACTED]**

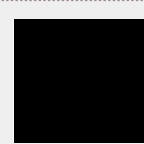
**Instructor ID**

**[REDACTED]**

**eCard Code**

**[REDACTED]**

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