

# BASIC LIFE SUPPORT

## BLS Instructor



American  
Heart  
Association.

**has successfully completed the cognitive and  
skills evaluations in accordance with the curriculum  
of the American Heart Association  
Basic Life Support (BLS) Instructor Program.**

**Issue Date**

**Renew By**

**Training Center Alignment**

**Instructor ID**

**Training Center ID**

**eCard Code**

**Training Center City, State**

**Training Center Phone Number**

To view or verify authenticity, instructors and employers should go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

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