

ACLS Provider

ALLISON PETERS


This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.


11/2008

11/2010

Issue Date

Recommended Renewal Date

American Academy of Pediatrics 

American Heart Association 
Learn and Live

PALS Provider

ALLISON PETERS


This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Pediatric Advanced Life Support Program.

11/2008

11/2010

Issue Date

Recommended Renewal Date

American Heart Association 
Learn and Live

Healthcare Provider

Allison Peters

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

09/23/2008

09/2010

Issue Date

Recommended Renewal Date

Training Center FLORIDA

TC Address Contact Info SHANDS HEALTHCARE

Course Location SHANDS AT AGH

Instructor Kim Bain

Holder's Signature

© 2000 American Heart Association Tampering with this card will alter its appearance. 70-2903

Allison Peters

1. Peel wallet card off of sheet.
2. Fold over and seal.

This card can either be inserted into a number 10 window or regular envelope.

If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.