

# B A S I C L I F E S U P P O R T

**BLS  
Provider**



**American  
Heart  
Association.**

**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**

**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](http://www.heart.org/cpr/mycards).  
© 2020 American Heart Association. All rights reserved. 15-3001 R3/20