## PEDIATRIC ADVANCED LIFE SUPPORT







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



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