

# ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS  
Provider**



**American  
Heart  
Association.**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Advanced Cardiovascular Life Support (ACLS) 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).

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