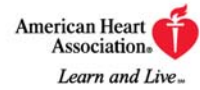




American Heart Association Duplicate Card Request

Authorized Provider
of CPR and ECC Courses



Date: _____

Course type (check one): BLS ACLS PALS HS First Aid HS Facts

Card type (check one): Provider Instructor TC Faculty

Mail Card to:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Original Card Information:

Course Director: _____

Course Location: _____

Course Date: _____

Issue Date: _____ Expiration Date: _____

Payment:

Enclose a check or money order made payable to The National EMS Academy in the amount of \$10.00 per duplicate card requested.

I certify that the above information is correct.

Course Director or TC Coordinator:

Signature

Date