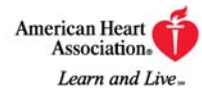




American Heart Association Visiting Instructor

Authorized Provider
of CPR and ECC Courses



Please accept this letter as verification that _____

Was a(n)

- Instructor
- TC Faculty
- Regional Faculty

for a(an)

- BLS Provider Course
- BLS Instructor Course
- ACLS Provider Course
- ACLS Instructor Course
- PALS Provider Course
- PALS Instructor Course

Enclosed is a copy of the roster for this course.

Training Center Coordinator/Course Director

Date