



**PALS PROVIDER**

*Pediatric Advanced Life Support*

Your name

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This card certifies that the above individual has successfully completed the  
Pediatric Advanced Life Support Course. CE: 8 hours

ISSUE DATE: 08/2010      RECOMMENDED RENEWAL DATE: 08/2012

**TRAINING CENTER :**

BEST AMERICAN HEALTHCARE UNIVERSITY

**TRAINING LOCATION:**

[www.acls-pals-nrp.com](http://www.acls-pals-nrp.com)

**INSTRUCTOR:**

Will show on your card

PROVIDER #: will show on your completion card

**FOR CARD VERIFICATION:**

Please email :will show on your card