



BLS/ ACLS/ PALS Instructor Potential Letter

Authorized Provider
of CPR and ECC Courses



_____ has completed a BLS Healthcare Provider,
an ACLS Provider, or PALS Provider Course on _____
under my direction and has Instructor potential.

Instructor Signature

Date

Printed Name

Telephone

Instructor Level:

Instructor

TC Faculty

Regional Faculty

Renewal date: _____