

ACLS/BLS/PALS CERTIFICATION

Name: _____

(PLEASE PRINT)

Program

Please check one:

- Internal Medicine
- Surgery
- Family Medicine
- OB/Gyn
- Psychiatry
- Anesthesia
- Med/Peds
- Emergency Medicine
- Pathology (**does not need ACLS**)
- Pediatrics (**does not need ACLS**)

I am certified in ACLS. Expiration date: _____

Attached is a copy of my current ACLS card.

I am certified in BLS. Expiration date: _____

Attached is a copy of my current BLS card

I am certified in PALS. Expiration date: _____

Attached is a copy of my current PALS card

Signature: _____ Date: _____

Please be sure to attach a copy of your current ACLS/BLS/PALS cards. Please remember that if you are certified the expiration dates must be valid until June 30, 2016. Certification is as follows:

ACLS-All departments except Pathology and Pediatrics

BLS- All departments

PALS- Family Medicine, Emergency Medicine, Med/Peds and Pediatrics