

Training Site within the North Lake Tahoe Fire Protection District AHA Training Center

Certificate of Successful Completion

- | | | |
|--|---|---|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> ECG & Pharmacology (ACLS Prep) | <input type="checkbox"/> Heartsaver® Instructor |
| <input type="checkbox"/> ACLS Skills Session | <input type="checkbox"/> Family & Friends® CPR | <input type="checkbox"/> Heartsaver® Bloodborne Pathogens |
| <input type="checkbox"/> ACLS Renewal | <input type="checkbox"/> Heartsaver® Bloodborne Pathogens | <input type="checkbox"/> PALS |
| <input type="checkbox"/> ACLS Instructor | <input type="checkbox"/> Heartsaver® CPR AED | <input type="checkbox"/> PALS Skills Session |
| <input type="checkbox"/> ACLS EP | <input type="checkbox"/> Heartsaver® CPR AED Skills Session | <input type="checkbox"/> PALS Renewal |
| <input type="checkbox"/> ACLS EP Instructor | <input type="checkbox"/> Heartsaver® First Aid | <input type="checkbox"/> PALS Instructor |
| <input type="checkbox"/> Airway Management | <input type="checkbox"/> Heartsaver® First Aid Skills Session | <input type="checkbox"/> PEARS® |
| <input type="checkbox"/> BLS for Healthcare Providers | <input type="checkbox"/> Heartsaver® First Aid CPR AED | <input type="checkbox"/> PEARS® Renewal |
| <input type="checkbox"/> BLS for Healthcare Providers Renewal | <input type="checkbox"/> Heartsaver® First Aid CPR AED Skills Session | <input type="checkbox"/> PEARS® Instructor |
| <input type="checkbox"/> BLS for Healthcare Providers Skills Session | <input type="checkbox"/> Heartsaver® Pediatric First Aid CPR AED | <input type="checkbox"/> School-Community: HO CPR and AED |
| <input type="checkbox"/> BLS for Prehospital Providers (BLS PHP) | <input type="checkbox"/> Heartsaver® Pediatric First Aid CPR AED Skills Session | <input type="checkbox"/> Operation |
| <input type="checkbox"/> BLS Instructor | | |

This form is to verify that _____ has successfully completed all necessary skills and performance tests for the above discipline under the guidelines of the American Heart Association.

Instructor

Training Site/Location

Instructor ID number

Date of Course

Instructor Signature

Instructor Signature

Course completion cards will be processed Monday through Thursday in accordance with the [Card Processing Procedure](#). Cards will only be processed once a roster is finalized by the instructor per the [Roster Finalization Procedure](#). Cards will be mailed to the address of record for the Training Site unless otherwise noted. The cards may be sent to individual students for an additional fee ([See Fee Schedule](#)). NLTFPD TC is not responsible for roster errors which result in returned or missing cards. The Training Site will be invoiced for any fees resulting from roster errors. Questions please email trainingcenter@nltpfd.net or call (775) 831-0351 extension 8125