



I, \_\_\_\_\_, the examiner, attest that I am currently certified in Advanced Cardiovascular Life support (ACLS), and that the examinee has successfully completed all aspects of the ACLS live skills test as provided by United Medical Education, in accordance with the current international CPR and ECC guidelines.

Examinee Name: \_\_\_\_\_ Examinee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Examiner Name: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Corresponding Provider Card Verification Number (VN): \_\_\_\_\_

*This sheet is to be kept with the corresponding ACLS provider card of the examinee.*