



I, _____, the examiner, attest that I am currently certified in Basic Life support (BLS), and that the examinee has successfully completed all aspects of the BLS 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 BLS provider card of the examinee.