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