



# Healthcare Provider

ANGELA WILSON

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

11/13/12  
Issue Date

11/13/14  
Recommended Renewal Date

Training Center CHP

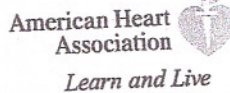
TC Address Contact Info FIRST AVE & 16<sup>TH</sup> ST

Course Location BETH ISRAEL MEDICAL CENTER

Instructor STEWART LEONARD

Holder's Signature Angela Wilson

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# ACLS Provider

Angela Wilson

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.

12/2012  
Issue Date

12/2014  
Recommended Renewal Date

Training Center CHP

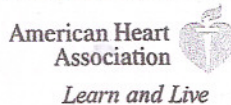
TC Address Contact Info FIRST AVE & 16<sup>TH</sup> ST

Course Location BETH ISRAEL MEDICAL CENTER

Instructor FARZANEH GHOBADI

Holder's Signature Angela Wilson

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# PALS Provider

Angela Wilson

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Pediatric Advanced Life Support Program.

12/2012  
Issue Date

12/2014  
Recommended Renewal Date

Training Center CHP

TC Address Contact Info FIRST AVE & 16<sup>TH</sup> ST

Course Location BETH ISRAEL MEDICAL CENTER

Instructor FARZANEH GHOBADI

Holder's Signature Angela Wilson

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