

HEALTHCARE PROVIDER

Training Center Name **BGMEDTC** TC ID # **NY04289**

TC Info **Brooklyn, NY 11234** TC **(718)692-2121**

Course Location **339 HICKS STREET**

Instructor Name **ROBIN NDIAYE 03060036667** Inst. ID #

Holder's Signature

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HEALTHCARE PROVIDER

Healthcare Provider **BG73315**



SHANEKA ROSS

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

04/2013

Issue Date

04/2015

Recommended Renewal Date