

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name Minnesota Region TC ID # _____

TC Info City State ZIP Phone _____

Course Location South Central College _____

Instructor Name Laurie Oelslager, Ed.D., Regional Faculty Inst. ID # _____

Holder's Signature _____

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HEALTHCARE PROVIDER

Training Center Name ALLINA HOSPITALS & CLINICS TC ID # MN05765

TC PO BOX 43, MR 10701 MINNEAPOLIS MN 55440 612-262-5040

Course Location ALLINA MEDICAL TRANSPORTATION

Instructor Name RYAN MARTI 05120097546

Holder's Signature _____

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PEDIATRIC ADVANCED LIFE SUPPORT

Training Center Name Minnesota Region TC ID # _____

TC Info City State ZIP Phone _____

Course Location South Central College _____

Instructor Name Laurie Oelslager, Ed.D., Regional Faculty Inst. ID # _____

Holder's Signature _____

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