



Cardiopulmonary Resuscitation (CPR) or Advanced Cardiac Life Support (ACLS) Course Equivalency Form

Provide the following information:

A. Name of Entity Offering Course: _____

B. Address of Entity: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

E-Mail Address: _____

Contact Person: _____

Contact Person's Relationship to Entity: _____

C. Course title:

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(Note – A separate form must be submitted for each course title)

D. Attach a copy of the following documents:

1. Letter of approval for the above-named course from the Continuing Education Coordinating Board for Emergency Medical Services
2. Sample course completion certificate or card provided to student

Submit this completed form with both attachments to:

EMS Education Coordinator
Emergency Medical Services
4052 Bald Cypress Way, BIN A-22
Tallahassee, Florida 32399-1722
Phone: (850) 245-4440
Fax: (850) 245-7358