



## 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: \_\_\_\_\_

(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 Training Coordinator  
Bureau of Emergency Medical Services  
4052 Bald Cypress Way, BIN C-18  
Tallahassee, Florida 32399-1738  
Phone: (850) 245-4440  
Fax: (850) 488-2512