

HEALTHCARE PROVIDER

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Healthcare  
Provider



*Kenneth Buzo*

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.

*6-20-2014*

Issue Date

*6-20-2016*

Recommended Renewal Date

Training Center Name **Oakwood Healthcare** TC ID # **MI 03591**

TC Info **18501 Rotunda Drive** **Suite 100**  
City State ZIP Phone  
**Dearborn, MI 48124** **313-998-1910**

Course Location *Heritage*

Instructor Name *Jude Tully* Inst. ID # *04101990539*

Holder's Signature *Ken Buzo*

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