Tulane Center for Advanced Medical Simulation & Team Training



## BLS / ACLS / PALS INSTRUCTOR POTENTIAL LETTER

	has completed a BLS Healthcare
Provider, ACLS Provider or PALS Provider course on _	
under my direction and has Instructor potential.	
Instructor Signature	Date
Drinted Name	Tolophono
Printed Name	Telephone
Instructor Level: Instructor TC Faculty	Regional Faculty
Renewal Date:	