

# *Certificate of Completion*

## *BLS for Healthcare Provider*

*According to 2020 Guidelines  
of the American Heart Association*



*This is to certify that*

**OMOBUDE-ALEX JOY OFURE**

*Successfully completed BLS for Healthcare Provider Course*

2/2/2023

*Date of Completion*

Margaret Olajide, RN

*Instructor Name (Facilitator -1)*

State House Medical Center,  
The Presidency, FCT Abuja.

*Location of Training Conducted*

2480609

*Instructor ID Number (Facilitator 1)*

**AMERICAN SAFETY & Health Institute, TC ID # PARA 11**

*Name of Training Institution*



*Authorized Signature (Facilitator 1)*

Dr. Philip Etinosa Osaigbovo

*Instructor Name (Facilitator -2)*

2480701

*Instructor ID Number (Facilitator -2)*



*Authorized Signature (Facilitator -2)*