



**CPR for the Healthcare Professional:  
Basic Life Support (BLS)  
Answer Sheet**

**Certification Number:**

**% Score:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please write the correct answer next to the number corresponding to the question on your examination.*

1.	
2.	
3.	
4.	
5.	
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18.	
19.	
20.	

**Recertification Information:**

**Email:**

**Phone:**

**Address:**

**City, State/Zip:**