



CTC Coordinator
 1000 W. 4th St., Suite 9
 Yankton, SD 57078
 AveraCTC@avera.org



Duplicate Instructor Card Request Form

Check one:

- ACLS Instructor
- BLS Instructor
- PALS Instructor

Date of card: _____

Instructor: _____ ID #: _____

Name of instructor (as it will appear on card): _____

Mailing address: _____

Payment must be received prior to processing this request.

[Click here to make a payment](#)

I certify the above information is correct.

Name: _____ Date: _____

Please complete & email this request form to AveraCTC@avera.org.

Completion Cards Each	
Duplicate ACLS, BLS, PALS	\$20