

Certificate verification request form

Date of request							
Please select which certificate(s) you would like verified	Candidate	ALS	<input type="checkbox"/>	EPALS	<input type="checkbox"/>	NLS	<input type="checkbox"/>
		ARNI	<input type="checkbox"/>	GIC	<input type="checkbox"/>	ILSi	<input type="checkbox"/>
	Instructor	ALS	<input type="checkbox"/>	EPALS	<input type="checkbox"/>	NLS	<input type="checkbox"/>
		ARNI		FEEL		ILS	PILS

ILS or PILS Candidate certificates can only be validated by the original Course Centre/training organisation.

Please complete the Candidate's details below. If you have more than one for the same course type, you are able to add them to the same form; however, please complete separate forms for each respective course type.

Name as registered on the course	
Grade	
Course Centre/ Hospital name	
Professional Registration Number	
Course dates	
Name as registered on the course	
Grade	
Professional registration number	
Course centre / hospital name	
Course dates	

We request that, along with this form, you email a scanned copy of the Candidate's certificate to be verified and a brief request on company letterheaded paper to LMS@resus.org.uk.

We cannot verify certificates from other organisations such as Advanced Life Support Group (ALSG) or the Royal College of Surgeons. Please make enquiries directly to them.