



I have **personally observed and assessed** _____ and certify he/she has met the criteria for competence in Advance Life Support training (see above), consistent with an Advanced Life Support course.

Supervisor's Name and Position (including details of organisation)

Signature: _____ Date: _____

(Attach certification if ALS training conducted by outside agency with relevant expertise)

Please return this form to : Greg McMeel
GGT GP Education & Training Inc
PO Box 5010
WARRNAMBOOL VIC 3280