

# Wapiti Medical Group Life Support Questionnaire

Most of our facilities require ACLS and ATLS or CALS.  
(Iowa facilities require ATLS and do not accept CALS)  
Please let us know the status of your life supports by completing  
this form.

## ACLS

\_\_\_\_\_ I am currently certified in ACLS, with an expiration date of \_\_\_\_\_.

\_\_\_\_\_ I am enrolled in an ACLS course, and the date of the course is \_\_\_\_\_.

\_\_\_\_\_ I am not enrolled in an ACLS course, but I intend to take one soon.

\_\_\_\_\_ I have no intention of taking an ACLS course.

## ATLS

\_\_\_\_\_ I am currently certified in ATLS, with an expiration date of \_\_\_\_\_.

\_\_\_\_\_ I am enrolled in an ATLS course, and the date of the course is \_\_\_\_\_.

\_\_\_\_\_ I am not enrolled in an ATLS course, but I intend to take one soon.

\_\_\_\_\_ I have no intention of taking an ATLS course.

## CALS

\_\_\_\_\_ I am currently certified in CALS, with an expiration date of \_\_\_\_\_.

\_\_\_\_\_ I am enrolled in a CALS course, and the date of the course is \_\_\_\_\_.

\_\_\_\_\_ I am not enrolled in a CALS course, but I intend to take one soon.

\_\_\_\_\_ I have no intention of taking a CALS course.

\_\_\_\_\_ **I would like to have enrollment information about upcoming life support courses e-mailed to me.**