

ANSWER SHEET
BLS for Healthcare Providers
Written Exam

Name _____ Date _____ Version _____

<u>Question</u>	<u>Answer</u>			
1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d
13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b	c	d
18.	a	b	c	d
19.	a	b	c	d
20.	a	b	c	d
21.	a	b	c	d
22.	a	b	c	d
23.	a	b	c	d
24.	a	b	c	d
25.	a	b	c	d