



**Autism Care Demonstration Basic Life Support (BLS)/CPR Requirement Form
Non-Network Providers**

Provider First Name _____ Provider Last Name _____

TAX ID: _____ NPI: _____

Date this provider began practicing with this group: _____

Are you employed by the US Government? ____ Yes ____ No

Provider Category:

- BCBA-D
- BCBA
- LBA
- LABA
- BCaBA
- QASP
- RBT
- ABAT
- BCAT

REQUIREMENT:

Must complete the training for Basic Life Support (BLS) or a Cardiopulmonary Resuscitation (CPR) equivalent certification, as demonstrated by completion of a hybrid course comprised of a web based instruction component and live component to demonstrate skills on a dummy. Any course that is done entirely in person is also acceptable.

**Please attach a copy of certification.*

ASCP Representative Name

Group Tax ID

ASCP Representative Signature

Date

Please fax or mail the completed form to PGBA, LLC:

Fax: 877-989-0066

Mail: TRICARE West
Provider Data Management
PO Box 202169
Florence, SC 29502-2169