



DATE OF COURSE: _____	COURSE NUMBER: _____
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COURSE LOCATION _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEND CARDS TO: _____	CHECK IF SAME ADDRESS <input type="checkbox"/>
<small>(must still fill in name/phone/email)</small>	
COMPANY: _____	
ATTN: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
PHONE: _____ EMAIL: _____	

	Instructor	Instructor ID:
Lead		
Asst.		
Asst.		
Asst.		

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the most current CPR & ECC Guidelines.

Instructor Signature _____	Date _____
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TIME: Start: _____ End: _____ Hrs. _____

COURSE INFO: (circle all that apply)

Initial Training Renewal C.

TYPE: FAID HCP BBP O2

CPR: Adult Child Infant

AED: YES NO

Student: Manikin 1:1 **2:1** 3:1 4:1

TOTAL ATTENDANCE: C _____ R _____ I _____

C for Completed R for Remediated and I for Incomplete

Billing Information (Training Center Use Only)

Scheduled Students: _____

Total Students Attended: _____

Billing for: _____

Total: _____

This form must be **COMPLETE** and **LEGIBLE** - It must accompany all class paperwork.