

PLEASE FORWARD COMPLETED PAPERWORK WITHIN 2 HOURS OF CLASS COMPLETION.

FAX: 704-885-0627 / E-MAIL: tc@singlesourcehs.com

CLASS TAUGHT ON BEHALF OF :

\_\_\_\_\_

**Date of Course:**

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**COURSE PROVIDER:**

AHA ASHI ARC MFA

**COURSE TYPE:** (Check all that apply)

CPR AED First Aid BLS ACLS BBP  
Adult Child Infant

Initial Retraining

Classroom Online with Skills

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

**TOTAL**

**ATTENDANCE:** \_\_\_\_\_

**COURSE LOCATION:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SEND CERTIFICATIONS TO:**

Company: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	INSTRUCTOR NAME <i>and</i> INSTRUCTOR #
Lead	
Assistant	
Assistant	
Assistant	

I verify that this information is accurate and truthful. The course taught was in accordance with the course providers guidelines.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date