

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