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**Verification of CPR and First Aid Certification**

Name of CPR/FA Participant:

Title of Training Course:

I certify that the following items are included in the training completed by this participant:

1. CPR training for Adult, Child, and Infant (Pediatric)
2. First Aid training
3. Training included a written exam and skills testing
4. This course is an instructor led class OR a blended course which includes online training as well as in person instructor led skills practice and testing
5. Date CPR/FA Training Completed: Renewal Date:
6. Length of Training Course: Hours

Signature of Instructor:

Printed Name: Date:

Title:

Contact Information: (phone # or email address)

Comments:

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