

## School CPR/First Aid/AED Certification Verification

2025-26 School Year

School Name \_\_\_\_\_

☐ I verify that the following **full-time staff members** have a current CPR/First Aid/AED certification and that a list of their names will be located in convenient locations for emergency purposes. **Three (3) current, full-time, CPR/First Aid/AED certified staff members** are required for each school building.

Employee Name	CPR/First Aid/AED Certification Date	Certification Expiration Date

☐ I do not have sufficient **full-time employees** currently CPR/First Aid/AED certified in my school building and the following **full-time employees** will be completing the online CPR/First Aid/AED certification with accompanying skills checks.

Employee Name	Month in which they will complete online training/skills check.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

Please complete the above form and return to Nursing Services (Nadine Page) by

**November 14, 2025**