# School CPR/First Aid Certification Verification 2016-2017 School Year

School Name \_

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

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| --- | --- | --- |
| **Employee Name** | **CPR/First Aid**  **Certification Date DDDddDDate** | **Certification Expiration Date** |
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☐ I do not have sufficient employees currently CPR/First Aid certified in my school building and the following employees will be completing the online CPR/First Aid/AED certification with accompanying skills checks.

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

Administrator Signature Date

# Please complete the above form and return to Educational Support Services by

**November 15, 2016**