

**First Aid Training Completion Verification – Suggested Format**

I, the undersigned, attest that on \_\_\_\_\_,  
(Mm/dd/yy)

The following individual \_\_\_\_\_  
(Please print full name of training attendee)

Completed a first aid course provided by \_\_\_\_\_  
(Name of training agency)

First Aid Card will be issued to the attendee or the affiliated provider agency as soon as available.

\_\_\_\_\_  
(Instructor's printed name)                      (\_\_\_\_\_) \_\_\_\_\_  
(Area code) phone number

\_\_\_\_\_  
(Instructor's signature)                      \_\_\_\_\_  
(Mm/dd/yy)