



LIFESAVING SOCIETY
The Lifeguarding Experts

CPR-Health Care Provider

Automated External Defibrillation

(Revised 2014)

Side 1: **Please print** each candidate's name and contact information legibly.

CPR-HCP

AED

Date of birth	CPR-HCP							AED		Result
	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation	
1	2	3	4	5	6	7		1	2	
1 Name Address Apt # City Postal Code E-mail Phone Year Month Day										
2 Name Address Apt # City Postal Code E-mail Phone Year Month Day										
3 Name Address Apt # City Postal Code E-mail Phone Year Month Day										
4 Name Address Apt # City Postal Code E-mail Phone Year Month Day										
5 Name Address Apt # City Postal Code E-mail Phone Year Month Day										

Check box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance

F - Fail

Total Pass for Exam

Total Fail for Exam

Payment information

Exam fees attached Exam fees not attached

Send invoice or receipt to:

()
Host name (Affiliate) Telephone
Street address
City Prov. Postal code

Exam information

Exam date: YY MM DD Exam is: Original **OR** Recert
()
Facility name (e.g., name of pool) Telephone

Instructor information

Instructor's name ID#
E-mail address ()
Telephone Signature required
For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergency or Standard First Aid Instructor who evaluated the AED candidates.
Name ID# (optional)
E-mail address ()
Telephone Signature required



LIFESAVING SOCIETY
The Lifeguarding Experts

- CPR-Health Care Provider
 Automated External Defibrillation

(Revised 2014)

Side 2: Please print each candidate's name and contact information legibly.

Date of birth	CPR-HCP							AED		Result	
	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation		One- and two-rescuer AED
	1	2	3	4	5	6	7		1	2	
6 Name _____ Address _____ Apt. # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____											
7 Name _____ Address _____ Apt. # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____											
8 Name _____ Address _____ Apt. # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____											
9 Name _____ Address _____ Apt. # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____											
10 Name _____ Address _____ Apt. # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____											

Check box if there are more candidates on the reverse side of this page. This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

Host name (Affiliate) _____
()
Telephone _____

Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam information

Exam date: ____ YY ____ MM ____ DD Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____
()
Telephone _____

For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergency or Standard First Aid Instructor who evaluated the AED candidates.

Name _____ ID# (optional) _____

E-mail address _____
()
Telephone _____ Signature required _____