



2010 Wellness Program Documentation Form Earn or Renew a CPR/First Aid Certification

Employee Name _____

The following is to document your completion of an American Heart Association or and American Red Cross CPR/First Aid course for certification or certification renewal. Please provide the required information below:

Name of Course _____

Course Provider/Location _____

Date of Service _____

In addition, attach a copy of your course certificate confirming successful completion of the program. Incentives/prizes are contingent upon the submittal of all required paperwork. By signing below, you acknowledge that you did complete a CPR/First Aid course and that the documentation you are providing for yourself is valid and original.

Signature _____ Date _____

Note:

All private health information shared with the Premier Wellness Coordinator through your involvement in the program is strictly confidential. No other individual or entity will have access to this information without your expressed consent.