



LIFESAVING SOCIETY
The Lifeguarding Experts

CPR-C-Health Care Provider

Automated External Defibrillation

(Revised 2011)

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

CPR-C-HCP

AED

Date of birth

One-rescuer CPR:
adult, child & infant

Two-rescuer CPR:
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

Result

		1	2	3	4	5	6	7	1	2	Result
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										
6	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

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ YY MM DD _____

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

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to: _____

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the Advanced First Aid Examiner who examined the CPR-C-HCP candidates or the AED Examiner who examined the AED candidates.

Name _____ ID# (optional) _____

E-mail address _____

Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

- CPR-C-Health Care Provider**
 Automated External Defibrillation

(Revised 2011)

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

Date of birth

CPR-C-HCP

AED

One-rescuer CPR: adult, child & infant	Two-rescuer CPR: 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	Result
1	2	3	4	5	6	7		1	2	

7												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	Day										
8												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	Day										
9												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	Day										
10												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	Day										
11												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	Day										
12												
Name	Year											
Address	Apt #	Year										
City	Postal Code	Month										
E-mail	Phone	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, Awards 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

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

This section to be completed by the Advanced First Aid Examiner who examined the CPR-C-HCP candidates or the AED Examiner who examined the AED candidates.

Name _____ ID# (optional) _____

E-mail address _____

() _____ Telephone _____ Signature _____