



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	

<b>1</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year _____ Month _____ Day _____									
<b>2</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year _____ Month _____ Day _____									
<b>3</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year _____ Month _____ Day _____									
<b>4</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year _____ Month _____ Day _____									
<b>5</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year _____ Month _____ Day _____									
<b>6</b> 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

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	<b>Exam information</b> Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued <b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	<b>This section to be completed by the Emergency First Aid Instructor who examined the candidates.</b> Name _____ ID# (optional) _____ E-mail address _____ Telephone _____ Signature _____



LIFESAVING SOCIETY  
The Lifeguarding Experts

CPR-C-Health Care Provider

Automated External Defibrillation

(Revised 2011)

Side 2: 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		
<b>7</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											
<b>8</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											
<b>9</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											
<b>10</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											
<b>11</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											
<b>12</b>	Name	Year											
	Address	Apt #											
	City	Postal Code											
	E-mail	Phone											

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: \_\_\_\_\_ Exam is:  Original OR  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

This section to be completed by the Emergency First Aid Instructor who examined the candidates.

Name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_