

Date of Training: _____ Location of Training: _____



Name of county where class was held:
Los Angeles/Ventura/Orange/

Was training provided/interpreted in another language? If yes, which language:
No.

EMSA Approved Pediatric First Aid
 No. of Course Hours 4

EMSA Approved Pediatric CPR
 No. of Course Hours 4

EMSA Approved Preventive Health & Safety
 No. of Course Hours

Please print clearly. Form must be completed.

First Name, Middle Initial	Last Name	Address, City & Zip Code (Home or Business)	Area Code & Telephone (Home or Business)	Initial or Renewal Trng.	First Aid Sticker #	CPR Sticker #	Prev. Health Sticker #
1.				I or R	F	C	N/A
2.		same business address for all staff listed	same business phone	I or R	F	C	N/A
3.		same business address for all staff listed	same business phone	I or R	F	C	N/A
4.		same business address for all staff listed	same business phone	I or R	F	C	N/A
5.		same business address for all staff listed	same business phone	I or R	F	C	N/A
6.		same business address for all staff listed	same business phone	I or R	F	C	N/A
7.		same business address for all staff listed	same business phone	I or R	F	C	N/A
8.		same business address for all staff listed	same business phone	I or R	F	C	N/A
9.		same business address for all staff listed	same business phone	I or R	F	C	N/A
10.		same business address for all staff listed	same business phone	I or R	F	C	N/A

This course was taught in accordance with the State of California Emergency Medical Services Authority Regulations. This form shall be submitted to the EMS Authority within 30 days of course completion

Training Program Name John Tyler and Associates Phone 818-530-4117 Fax 818-530-4117
 (Your Training Program Name, not Affiliated Program Name)

Training Program You Are Affiliated With ASHI

Signature of Course Instructor _____ Date _____

Program Director's Name John Tyler, M.A.

Comments: _____