



**CERTIFICATION OF CPR  
BY EMPLOYER  
(if card is not available)**

NAME OF PARTICIPANT (CLIENT):

NAME OF EMPLOYEE:

I have personally reviewed the CPR card of the employee named above and verify that the employee is certified in Cardio - Pulmonary Resuscitation (CPR). The training included choking prevention and for MDCP clients first aid.

CPR Effective Date:

Type:

Expiration Date:

**FOR CLASS**

**(Initial)** I further certify that the CPR class was hands on/face to face with a qualified instructor.

Employer's Signature

Date

Employer - Print Name

(This form may be used in lieu of providing us with a copy of the CPR card if the participant or the employer is not able to copy the card for the purposes of transmitting by fax or email)

Fax to: **(877) 845-9231** or email **aonecds@aoneplushh.com**