



TRIUMPH

TRAINING AND SERVICES

Class Type: _____

Class Date: _____ Class Time: _____

Client Name: _____ Class Location: _____

****PLEASE **PRINT YOUR NAME** THE WAY YOU WOULD LIKE IT TO BE PRINTED ON YOUR CERTIFICATION CARD****

	FIRST NAME	LAST NAME	E-MAIL ADDRESS	SCHOOL NAME	ID #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I verify that this course was taught in accordance with the AHA guidelines

Instructor Name(s): _____

Instructor Signature(s): _____

Comments: _____