

# CPR Course Completion Card Submission Form

*ATTACH FRONT of CPR CARD*

*ATTACH BACK of CPR CARD*

*Please Print*

Name \_\_\_\_\_  
LAST FIRST

Certification  
Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

- CPR course completion cards must be legible, preferably typed or computer generated
- Please refer to [emsi.org](http://emsi.org) for approved CPR courses
- Complete this form and scan or fax to EMSI at 412-787-2340