



### CPR CERTIFICATION DECLARATION STATEMENT for INSTRUCTORS

This declaration statement is in regard to the following applicant(s):

\* \_\_\_\_\_ \*

Applicants for General or Courtesy Membership or annual renewal of a Practice Permit must provide evidence of having successfully completed a cardiopulmonary resuscitation course for health care providers. The CPR course must include, at a minimum, classroom instruction and practicum experience related to:

- one and two person rescuer chest compressions for adults, children and infants;
- one and two person rescuer adult, child and infant bag-valve mask technique and rescue breathing;
- relief of choking in adults, children and infants; and
- use of an automated external defibrillator.

The course must be delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and completed no longer than 12 months prior to issuance of CRDHA registration or practice permit renewal.

Please complete the check list below to confirm that the following requirements were included in the CPR course delivered to the above-named applicant(s). The signed and dated Declaration Statement may be returned to the CRDHA office byemail, mail or fax to the coordinates in the letterhead above.

Date CPR course was completed: \_\_\_\_\_

- one and two person rescuer chest compressions for adults, children and infants
- one and two person rescuer adult, child and infant bag-valve mask technique and rescue breathing
- relief of choking in adults, children and infants
- use of an automated external defibrillator (AED)

I, \_\_\_\_\_ CPR Instructor, certify that the information provided on this form is complete and true, and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". I understand that making a false statement on this application could result in the rejection of the above-named individual(s) application for a practice permit.

#### Instructor contact information

Instructor Registration No: \_\_\_\_\_ Phone: \_\_\_\_\_

Email or postal address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_