

Class Roster



Facilitators may duplicate this form for classroom use

Class Information *(please print or type)*

Type of MEDIC FIRST AID Program Used _____ Class Location _____

Organization Receiving Training _____ Class Date _____

<i>(please print or type)</i> Student's Name	Address with Postal Code	Date of Birth	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

For larger classes use an additional Class Roster form

This Class Roster is page ____ of ____

Facilitator Information *(please print or type)*

Facilitator 's Name _____ Registry Number _____

Facilitator 's Organization _____ Training System Serial Number _____
(Etched number on video cassette)

Assistant/Apprentice Facilitator 's Name _____ Registry Number _____

Assistant/Apprentice Facilitator 's Organization _____

I certify that I have checked TWO pieces of VALID ID _____

I certify that this course was taught as outlined in the course Facilitator Visual Skill Guide. Barriers were demonstrated and used during the course and the authorized training system listed above was used. I understand that falsifying records can result in revocation of my privilege to teach.

Facilitator 's Signature _____ Date _____

Assistant/Apprentice Facilitator 's Signature _____ Date _____

Keep a copy of this Class Roster for your own records and send the original to:
EMP Canada # 3, 10114 McDonald Park Road, Sidney, British Columbia V8L 5X8