

COURSE ROSTER



Course

Title: \_\_\_\_\_ CPR level: \_\_\_\_\_

Date(s): \_\_\_\_\_

Place

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

City and postal code: \_\_\_\_\_

|            |
|------------|
| Reception: |
| Noact:     |
| NoCR:      |

Instructor(s)

#1: \_\_\_\_\_ ID: \_\_\_\_\_

#2: \_\_\_\_\_ ID: \_\_\_\_\_

#3: \_\_\_\_\_ ID: \_\_\_\_\_

Certification shipment

To participants **OR**  To the following:

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_

City and postal code: \_\_\_\_\_

Certification invoice shipment

To instructor #1 **OR**  Other: \_\_\_\_\_

Address: \_\_\_\_\_

City and postal code: \_\_\_\_\_

Purchase order or other instructions: \_\_\_\_\_

**Number of participants:** \_\_\_\_\_ **Total number of page for this course roster:** \_\_\_\_\_

Certification fees: certification fees will be invoiced for every participant listed in this roster. If you do not want to be invoiced for an absence or a failure, do not include this participant in the roster.

Feedback forms: the feedback forms must be joined to the roster.

Exams: the answer sheets must be joined to the roster OR archived for 5 years by the responsible instructor or education institute.

Overdue course roster: if the roster arrives in our office more that one month after the end of the course, an invoice will be sent (\$25 per month of delay).

The instructor declares that the training meet the requirements of the Canadian Red Cross and that the below listed participants have successfully completed the course (unless "failure" notification).

  x   \_\_\_\_\_

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

Name : \_\_\_\_\_

COURSE ROSTER



Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Please print clearly** **Success**  **Failure**

First name: \_\_\_\_\_ Male  Female

Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
year month day

**Please print clearly** **Success**  **Failure**

First name: \_\_\_\_\_ Male  Female

Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
year month day

**Please print clearly** **Success**  **Failure**

First name: \_\_\_\_\_ Male  Female

Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
year month day

**Please print clearly** **Success**  **Failure**

First name: \_\_\_\_\_ Male  Female

Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
year month day