

NoAct :

**COURSE ROSTER**

**Course details**

Title: \_\_\_\_\_ CPR/AED level: \_\_\_\_\_

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

Language:  English  French  other: \_\_\_\_\_



**Course location**

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

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

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

Réception :
NoCR :
Facturation :
Registre :
Rapport :
Fermeture :

**Instructor(s)**

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

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

**Certification shipment**

To participants **OR**  To the following:

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

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

**Certification invoice**

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

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

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

E-mail and other instructions: \_\_\_\_\_

**Number of participants:** \_\_\_\_\_

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).

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

COURSE ROSTER



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

<b>Please print clearly</b>	<b>Success</b> <input type="checkbox"/>	<b>Failure</b> <input type="checkbox"/>
First name: _____	Male	Female <input type="checkbox"/>
Last name: _____		
Address: _____	Apartment: _____	
City: _____	Postal code: _____	
Phone number: _____ - _____ - _____	Date of birth: _____ - _____ - _____	year month day

<b>Please print clearly</b>	<b>Success</b> <input type="checkbox"/>	<b>Failure</b> <input type="checkbox"/>
First name: _____	Male	Female <input type="checkbox"/>
Last name: _____		
Address: _____	Apartment: _____	
City: _____	Postal code: _____	
Phone number: _____ - _____ - _____	Date of birth: _____ - _____ - _____	year month day

<b>Please print clearly</b>	<b>Success</b> <input type="checkbox"/>	<b>Failure</b> <input type="checkbox"/>
First name: _____	Male	Female <input type="checkbox"/>
Last name: _____		
Address: _____	Apartment: _____	
City: _____	Postal code: _____	
Phone number: _____ - _____ - _____	Date of birth: _____ - _____ - _____	year month day

<b>Please print clearly</b>	<b>Success</b> <input type="checkbox"/>	<b>Failure</b> <input type="checkbox"/>
First name: _____	Male	Female <input type="checkbox"/>
Last name: _____		
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City: _____	Postal code: _____	
Phone number: _____ - _____ - _____	Date of birth: _____ - _____ - _____	year month day