



## Partnership for L.I.F.E. CPR Certified Staff Verification

School:

Number of Total Staff:

Number of CPR Certified Staff:

Date:

Does this training complete 10% of staff program training requirement?  Yes  No

\_\_\_\_\_  
Signature of administrator or principal

\_\_\_\_\_  
Print Name

*By signing this form, you are verifying that all staff listed in this document holds a non-expired CPR certification at the time this form was signed and if audited can provide documentation of proof.*

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