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### ass Roster

MEDIC FIRST AID\* Basic Training Programs

### Class Information

MEDIC FIRST AID Program Used

☐ Basic CPR and First Aid For Adults

M BasicPlus CPR, AED, and First Aid for Adults

☐ Initial Training

Retraining

Class Date

**Organization Receiving Training** 

Class Location\_

Please Print or Type

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	504)	50 H.	SOHT			SQLA						Company/Department

Inctrictor Name	Instructor
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5	orm
1	Information
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Assistant Instructor's Name Towns Wolften 163328

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Registry Number

Registry Number

I certify that this course was taught as outlined in the course instructor Guible, I understand that falsifying records can result in revocation of my privilege to teach. Date

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Date

Assistant Instructor Signature

Instructor Signature

Training Organization

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Reep the original of this Class Roster for your own records and send a copy to: MEDIC FIRST AID International, Inc., P.O. Box 21738, Eugene, OR 97402

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MEDIC FIRST AID Program Used ☐ Basic CPR and First Aid For Adults

M BasicPlus CPR, AED, and First Aid for Adults

Class Date

🔀 Retraining ☐ Initial Training

Organization Receiving Training \_ Please Print or Type KPBSD

Class Location\_\_\_

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Instructor Information  RACY SILTA	Registry Number 40288
Assistant instructor's Name town a work of the 3328 CATICE KOURT	Registry Number
Training Organization	Theman Did to the property of the second
I certify that this course was taught as outlined in the course Instructor Guide. I unc	records can result in revocat
Instructor Signature Are Car DO 1105 CV	7 OV Date 8-15-13
Assistant Anstructor Signature	<u> </u>
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Organization Receiving Training

☐ Basic CPR and First Aid For Adults ☐ BasicPlus CPR, AED, and First Aid for Adults

☐ Initial Training

■ Retraining

Class Date

Class Location

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Company/Department	Student ID	Student's Name
		lease Print or Type

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Training Organization KPBSD	Assistant Instructor's Name Towns woulden 163338 GARLE RELICA	Instructor Name   RACY 3 17H	Instructor Information
- Andrewson	8 charleholica	The state of the s	

Registry Number

Registry Number 12450

I certify that this course was taught as outlined in the course Instructor Guide. I understand that falsifying records can result in revocation of my privilege to teach. Date

Date

the original of this Class Roster for your own records and send a copy to: MEDIC FIRST AID International, Inc., P.O. Box 21738, Eugene, OR 97402

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Instructor Signature

Assistant Instructor Signature

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## Mass Roster

MEDIC FIRST AID" Basic Training Programs

### Class Information

MEDIC FIRST AID Program Used

☐ Basic CPR and First Aid For Adults

BasicPlus CPR, AED, and First Aid for Adults

☐ Initial Training

M Retraining

Organization Receiving Training レフス・シ

Class Location So +1

Class Date

Please Print or Type

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THE PROPERTY OF THE PROPERTY O								5 Mary Jane Hanley	Ella May Cooper - Waldrow	O. Cleissenber	hasting land	Lance Roberts	Student's Name
								e/0468	E 10399	00961	q q	EOU47	Student ID
								KoHS	Soh	1408	SOHT	SOHT	Company/Department

Instructor Information		N. N
Instructor Name	Registry Number 21047	21044
Assistant Instructor's Name Towns Wolfen 163328 GVALLICESC	Registry Number_	The state of the s
Training Organization KEN 994	- Annotable and a strong and progression.	Tamey Dudley Pros 25650
I certify that this course was taught as outlined in the course Instructor Guide. I understand that falsifying re	ords can result in re	records can result in revocation of my privilege to teach.
Instructor Signature	Date 8-15-13	1.13
Assistant Instructor Signature Alley Silm In 140288	Date	and the second s

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K Retraining ☐ Initial Training

Class Date

MEDIC FIRST AID\* Basic Training Programs

Organization Receiving Training

Please Print or Type

Class Location\_

Student's Name	Student ID	Company/Department
1 Andrew Lepule	002525	
2 MATTHEW JOHNSON	60255)	
3 Vernel Schneider	e coy77	
4 TORGE FORTY	the solution	
5 Toda Syverson	500466	
6 Kristin Michlothun	011246	
7 Stoward Cox	40 A86	
8 JANA FINARAS	ROC498	
9 /4+ 106/der	E00462	
10 72 11 11 10 10 10 10 10 10 10 10 10 10 10	20102	A CALL TO THE
11 ERN SICTOLD	ED 1179	
12 Emily Kornelis	e10762	
Instructor Information The Analysis (1)		×000×

Instructor Name RACY SIMA	Registry Number 40288
Assistant Instructor's Name Towns wilder 163328 GAYLE KOUDE	Registry Number
Training Organization KPBSD	Tarmy Distry 2500
I certify that this course was taught as outlined in the course Instructor Guide. I understand that falsifying records can result in revocation of my privilege to teach	ifying records can result in revocation of my privilege to teach.
Instructor Signature AMC Stx Stx R	Date 8-15-13
Assistant Instructor Signature	Date 8-15-13
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