

Emergency Responders Network® Course Completion Card



REPLACEMENT FORM

Please Fill in the appropriate areas to the best of your ability. Mail this form, along with a check for \$5.00 for each card* made out to:

Emergency Responders Network
1917 Mountain Avenue
Santa Barbara, CA 93101

Name: _____

Approximate Date of Class: _____

Location of Class: _____

Course(s) completed:

- CPR
- First Aid
- Infection Control
- Automated External Defibrillator
- Fire Safety
- Other: Explain _____

*If you attended a "combined class" (i.e. CPR / First Aid) and received a single card upon completion, then the same will be issued in this occurrence.

You may call 866-70-DEFIB or email info@ernetwork.com with any concerns or questions.