

STAFF AND FACULTY

First Aid and CPR Certification Program

Staff or Faculty Member Information: *complete & return form to firstaid@ucalgary.ca

Course Type:								
		Intermediate First Aid		hours, 2 days in	ı-class (\$145.00)			
	=	CPR-C – 5 hours (\$90.0 Intermediate First Aid		ortification 0h	ours 1 day in sk	acc (\$10E 00)		
		CPR-C Recertification -			ours, I day iii-ci	ass (\$105.00)		
		Blended Intermediate		-	online compone	ent (\$145.00)		
	=	Blended CPR-C – 5 ho		-				
		Psychological First Aid	– 8 hours + onl	ine component (\$115.00)			
Course Date:				Faculty:				
First Name (legal):				Department:				
Last Name (legal):				Building:				
UCID#:				Room #:				
Phone:				Preferred Em	ail: (To be input	on the Red Cro	ss portal)	
UCalgary Email:								
Supervisor Name: _			Phone:		UCalgary Email	:		
		that I may be designat						
University of Calgary and my faculty/department/unit and may be called								
upon to administer first aid.				Signature:				
This section must b	<mark>oe</mark> complet	ed by the Dept. ID Bud	lget Owner:					
GL Business	Fund	Department ID	Account	Program	Internal	Project	Activity	
Dept. Budget Owne	er Name (pi	rint):						
Signature:								
Email:								
Date:								
FOR INTERNAL	USE ONLY	/ :						
Date Registered:	ate Registered: Signature:							