

CPR Certification Declaration Statement for Instructors

This declaration statement is for the following named applicant: _____

Applicants for General or Courtesy Membership or annual renewal of a Practice Permit must provide evidence of having successfully completed a cardiopulmonary resuscitation course for health care providers at the level [approved by Council](#). CPR certification training must include:

- a. theory instruction and assessment; and
- b. hands-on component for skills practice and evaluation.

Certification must include, at a minimum, the following competencies:

- i. one- and two-person rescuer chest compressions for adults, children, and infants;
- ii. one- and two-person rescuer adult, child, and infant bag-valve mask technique;
- iii. rescue breathing for adults, children and infants;
- iv. relief of choking in adults, children, and infants; and
- v. use of an automated external defibrillator.

The course must be delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and completed no longer than 12 months prior to issuance of ACDH registration or practice permit renewal.

Please complete the checklist below to confirm that the following requirements were included in the CPR course delivered to the above-named applicant. The signed and dated Declaration Statement may be returned to the ACDH office in person or by mail or email at the addresses above.

Date CPR course was completed: _____

- one- and two-person rescuer chest compressions for adults, children, and infants
- one- and two-person rescuer adult, child, and infant bag-valve mask technique
- rescue breathing for adults, children, and infants
- relief of choking in adults, children, and infants
- use of an automated external defibrillator

I, _____, CPR instructor, certify that the information provided on this form is complete and true, and knowing that is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". I understand that making a false statement on this application could result in the rejection of the above-named individual's application for a practice permit.

Instructor Contact Information

Instructor Registration #: _____

Phone Number: () _____

Email or postal address: _____

Signature: _____

Date: _____