

**SUNY Optometry Lifesaver Program**  
**AHA Heartsaver CPR AED Registration Form**

Training Date: \_\_\_\_\_ Training Site: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Title: \_\_\_\_\_ Office/Room#: \_\_\_\_\_

Dept: \_\_\_\_\_

Tel#. Ext: \_\_\_\_\_ Mobile#(Optional) \_\_\_\_\_

Email: \_\_\_\_\_

**Supervisor's Approval:** {please check box, then print name, sign & date below}

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE & DATE

**Trainee's Section to fill out:**

**Do you have prior CPR Training?:** Yes  No

***If Yes, which program did you have your certification in?***

American Heart Association [ ]

American Red Cross [ ]

**Instructor's Section :**

Student Workbook issued on: \_\_\_\_\_

Facilitator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_