



International Training

REGISTRATION FORM

Directions: Please use the online registration system. If using this form please scan and send digitally.

Method of Payment

AMEX MasterCard Visa Check Money Order

Make Checks Payable to International Training

Card #: _____ Exp. Date: _____ / _____ / _____
Month / Year

Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

Course: Check only ONE course per registration form

- Adult and Child Emergency Care
- Child Emergency Care
- Workplace CPR/AED
- Bloodborne Pathogens
- Oxygen Administration
- Two Year renewal (Check appropriate course)

CERTIFICATION FEE: Digital Card Only C-Card C-Card & Certificate (refer to current price list)

All c-cards are sent directly to the Facility/Service Provider or student

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Postal code)	Phone number E-mail address
_____ DOB (mm/dd/yyyy): _____	_____ _____	_____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____	_____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____	_____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____	_____ _____

Course Completion Date: _____ / _____ / _____
Day / Month / Year

Instructor Name: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

2nd Inst./Asst. by: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

Location/Facility: _____ Facility Number: _____

Ship to Address: _____ Facility Student(s)

I certify that the above-named students have completed the First Response Training International training course indicated and have reached the proficiency level required by First Response Training International standards before issuing these certifications.

Instructor Signature: _____ Date: _____ / _____ / _____
Day / Month / Year