



**INFANT CPR/FIRST AID CLASS COMPLETION FORM**

Name of Prospective Adoptive Parent: \_\_\_\_\_

I hereby certify that the above prospective adoptive parent \_\_\_\_\_  
completed the required infant CPR/First Aid course through the following provider  
\_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date