Ohio Peace Officer Training Commission
Office 800-346-7682

FIRST AID/CPR/AED PROFICIENCY TESTING RECORD

Curriculum Code CBT-037

SCHOOL NAME: _____ SCHOOL NUMBER: _____

SPO	ACTION
#1	Meet all certification requirements of one of the three approved First Aid, CPR, and AED programs.

Number the Students Below (ex. 1., 2., 3.,)	STUDENT'S NAME (Last, First, Middle Initial)	Enter **P** or **F** Only	
		TEST #1	TEST #2

_____ OPOTC #: _____ _____ OPOTC #: _____
INSTRUCTOR SIGNATURE INSTRUCTOR SIGNATURE

_____ OPOTC #: _____ _____ OPOTC #: _____
INSTRUCTOR SIGNATURE INSTRUCTOR SIGNATURE

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY