

North Dakota CPR Initiative Hands-Only CPR Training Roster

By accepting this CPR Anytime kit, I am choosing to help educate and equip my community with the lifesaving skills of CPR. With this kit, I commit to training at least 5 more people in Hands Only CPR. I will return this roster to F-M Ambulance; all information from the roster will be entered into the American Heart Association Community CPR Tracker. **Together, we will make North Dakota Cardiac Ready.**



Trainer Name: _____	Training Date: _____
Address: _____	City: _____ State: _____ Zip: _____
Email: _____	Phone: _____

Participant names – please only sign in with your first name and the initial of your last name.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Trainers: Once you complete your class, please make sure to:

- Return this roster to F-M Ambulance:

Email: kristi.engelstad@fmambulance.com

Mailing Address: 2215 18th Street South
 Fargo, ND 58103

- Complete the online survey

(<https://www.surveymonkey.com/r/FargoCR>)



Questions? 701-364-1759

Scan this QR code to go to the survey!

Instructors: For every 10 people you teach, you will be entered into a drawing for a gift card – one gift card will be given away each month until April 2019!

If you teach 50 people, you will receive a “Stayin’ Alive” T-shirt!!

