

*NOTE: This form will serve as a temporary CPR certification until your CPR card is issued. MUSC, College of Nursing requires that you provide the Office of Student Services, room 216 with a CPR card.*

## TEMPORARY CPR CERTIFICATION FORM

This form is to verify that \_\_\_\_\_ has successfully completed all necessary skills and performance tests under the guidelines of the following:

*Check which one applies:*

- ☐ American Heart Association (BLS Healthcare Provider)
- ☐ American Red Cross (Professional Rescuer-2man).

\_\_\_\_\_  
Course Date:

\_\_\_\_\_  
Date new CPR card will expire:

\_\_\_\_\_  
Instructor's Name

\_\_\_\_\_  
Instructor's ID Number

\_\_\_\_\_  
Instructor's Phone Number

\_\_\_\_\_  
Instructor's Signature