



**Advanced First Aid
 Practical Stations & CPR (Written & Practical)**

INSTRUCTOR: This form must be typed or printed in ink and submitted to the certification section prior to issuance of certification.

Name	Date of Birth	Forearm	Leg	Lower Spin/ Board	CPR Written	CPR Practical

Pass = P Fail = F

*CPR Written must meet AHA/ARC passing score

I hereby certify that the training provided meets the requirements of the Board of Coal Mining Examiners and that the applicant has satisfactorily demonstrated the required knowledge of Advanced First Aid Practices and CPR-Obstructed Airways.

Name printed & signed _____

Certified First Aid Instructor

Certification Number

Name printed & signed _____

Certified First Aid Instructor

Expiration Date