



RESUS4KIDS Short Practical Course – Participant Record of Attendance

Course Location: _____

Course Date: ___/___/_____

Course Instructor(s): _____

		Participant Name	Hospital / LHD	Designation	Email Address	Staff ID / Payroll #	E-Learning Certificate sighted
Group 1	1						
	2						
	3						
	4						
	5						
	6						
Group 2	7						
	8						
	9						
	10						
	11						
	12						