



Crosswalk Verification Checklist for CPR/First Aid – HEAL 1800 – 1cr

Student Name: _____ ID Number: _____

1. _____ Both a CPR and a First Aid course was completed.
2. _____ CPR course included both adult and pediatric skills.
3. _____ CPR and First Aid courses included classroom content and hands-on skills.
4. _____ Current CPR and First Aid cards.
5. _____ Obtained through either the American Red Cross or the American Heart Association.
6. _____ Student must have the required documentation before seeking the program faculty advisor signature.

I have confirmed that all the above requirements have been satisfied and the documentation is attached.

Student Signature _____ Date _____

Approver Signature _____ Date _____

Registrar Signature _____ Date _____