

AED Operator Training Recognition

Please complete and maintain the following information for *each* AED authorized operator at your facility.

Operator Name: _____

Age: _____ Title: _____

Name of AED Training Program: _____

Date Completed: _____ Refresher Training: ___ Yes ___ No

Name of Refresher Course: _____ Date: _____

Name of CPR Training Program: _____

Date Completed: _____ Refresher Training: ___ Yes ___ No

Name of Refresher Course: _____ Date: _____

Signature of Operator _____ Date: _____

Signature of AED Coordinator _____ Date: _____

The above signatures verify that AED operator is *currently* recognized by a MIEMSS approved AED Program.