

## AED Operator Training Recognition

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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: \_\_\_\_\_

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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.