

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: _____

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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.