

Only use this form if the Resuscitation Element was conducted as a stand-alone module and a CPR Statement of Attainment is to be issued.

Instructor:	DAN Inst. #:		
Location:	<b>Date:</b> Start Finish		
NAME	ADDRESS	TEL (BH)	Completed? (tick/cross)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
This Roster must include all students enrolled and indicate whether or not they completed the course. A Registration Form must accompany this for each student who has gained competency. This form must be completed & returned, along with Student Registration Forms to: DAN Asia-Pacific, PO Box 384, Ashburton, Vic. 3147, Australia. Fax: +61-3-9886 9155.  Instructor address to which certificates are to be sent:			