

**Augustana University – Department of Nursing**

**Cardiopulmonary (CPR) Certification / Documentation**

**CPR: Infant, Child, Adult, Automatic External Defibrillator (AED)**

**Documentation or Copy of Current CPR card**

**Student Name** \_\_\_\_\_

**successfully completed course content in CPR for the infant, child, adult  
and use of the automatic external defibrillator.**

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(OR Provide a Copy of Current CPR Card)**

**SEND PDF to:**

**[nursing@augie.edu](mailto:nursing@augie.edu)**