



**CPR/First Aid  
REQUEST FORM**

To (Supervisor):

From (Employee):

**Submit Signed Form to Student Services**

<b>Date of Training:</b>	/	/
<b>CPR</b>	<input type="checkbox"/>	<b>Check mark if attending</b>
Registration:	\$5.00	
Tuition:	\$5.40	
Fees:	\$6.00	CPR Certification Card
<b>Total</b>	<b>\$16.40</b>	
<b>First Aid</b>	<input type="checkbox"/>	<b>Check mark if attending</b>
Registration:	\$5.00	
Tuition:	\$3.60	
Fees:	\$6.00	First Aid Certification Card
<b>Total</b>	<b>\$14.60</b>	
		Total Cost for attending both courses is \$31.00

Approval Signature Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Course will be paid for by TATC Professional Development.**