Sample CPR Training Log

Texas Children's Hospital®

Trainee name and title	Training organization	Date of certification or training	Renewal due (if applicable)	Copy of card on file? (if applicable)	Date of additional skill review
Example: Judy Smith (Custodian)	Example: AHA, Red Cross, Project ADAM, etc.	Example: 09/01/2005	Example: 09/01/2007	Example: ☐ Yes ☐ No	Example: **10/30/05:** Skill/AED Drill completed
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
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				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

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