
Emergency response education session - Declaration form

Name of course provider: _____

Name of institution/ private practice: _____

Session title: _____

Emergency response activity: _____
(Major Haemorrhage, Anaphylaxis, CICO, Cardiac Arrest)

Recognition of suitability code: _____

Course provider

- I have reviewed the updated emergency response standards.
- I declare that the original approved application with the above recognition of suitability code meets the newly published standards.
- Upon approval of my completed declaration form, I request a new recognition of suitability code be issued.
- I understand that if the content/duration of this course is altered, this recognition will become void and a new application form will need to be submitted.

Signed: _____ Date: ____/____/____

Print name: _____