



## AED Operator Training Recognition Form

Please complete and maintain the following formation for each AED authorized operator at your facility.

Operator Name: \_\_\_\_\_

Age: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_

Name of AED Training Program: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Refresher Training: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of CPR Training Program: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Refresher Training: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of AED Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

The above signatures verify that AED operator is *currently recognized* by a MIEMSS approved AED Program.

Department of  
Environmental Health & Safety

Towson University  
8000 York Road  
Towson, MD 21252-0001

t. 410 296-7593  
f. 410 296-5076  
safety@towson.edu