



**HEART &
STROKE
FOUNDATION**

Certifying Agency



Training Agency

To Whom It May Concern:

This letter is to verify that the person named below has successfully completed a Heart and Stroke Foundation of Canada training course. A completion card will be sent out shortly to the student named below.

Course Number: _____

Name of Student: _____

Course Started Date: _____

Course Completed: _____

Name of Instructor: Douglas Bird

Instructor Number: 277791

Signature: _____

Date: _____

Heart & Stroke Foundation of Canada
1402-222, Rue Queen Street, Ottawa, ON K1P 5V9
www.heartandstroke.ca
613-569-4361

Emergency Medical Consultants & Training
2 Fairbairn Crt., Bowmanville, ON, L1C 4K9
www.emergencymedicalconsultants.ca
905-404-3639