

## Downey Medical Center Safety Verification Record

School NameType of Student $\square$ RN $\square$ Other		Sem Rota	SemesterRotation Dates		
Instructor Name Instructor Contact Information Phone Pager Email		License # Exp. Date Scheduled days of week Scheduled start/end times Course Name and Number			
	Last Name	First Name	AHA BLS Card Exp. Date	Criminal Background Check Date	
** Include instructor In	nformation - including Nursible for proving accuracy o	sing License Numbe f this information.	r on this form.		
Verified by (school representative):				Date: all other student paperwork.	