



CPR/First Aid Certification Program Application

Please complete this application to be considered for the Oregon Home Care Commission (OHCC) CPR/First Aid Certification Program. Please allow two to three weeks for processing. You will receive a written response. Eligible workers will be provided with CPR/First Aid training options.

IMPORTANT: Prior approval must be received before registering for a CPR/First Aid certification course. OHCC will not reimburse providers who pay out-of-pocket for certification courses.

To be eligible for the CPR/First Aid Certification Program, workers must have:

- An active provider number;
- Completed a minimum of two (2) OHCC sponsored training classes;
- If OHCC previously paid for your CPR/First Aid certification training, you must have completed four (4) OHCC training classes since your last CPR/First Aid certification; and
- “No show” rates cannot be greater than 20% for OHCC training class attendance.

Please print below:

First Name:		Last Name:	
HCW Provider Number:		PSW Provider Number:	
Phone Number:		County in Oregon:	
Mailing Address:			
City:	State:		ZIP Code:
Email Address:			
Certifications Received: <input type="checkbox"/> Professional Development Certification <input type="checkbox"/> Enhanced Worker Certification <input type="checkbox"/> Exceptional Worker Certification <input type="checkbox"/> VDQ Worker Certification		Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
List your last two (2) training classes and dates completed. *List your last four (4) training classes completed for recertification requests.			
1. _____	2. _____	3. _____	4. _____

Completed request form may be turned in to OHCC class trainers, emailed, mailed or faxed:

Email: CPR.FirstAid@dhsosha.state.or.us

Mail: OHCC, CPR Request

Fax: 503-378-5886

550 Capitol St NE - Floor B
Salem, OR 97301

DO NOT WRITE BELOW THIS LINE

Request #: _____	Date of Last CPR Class: _____		
Classes: _____	No Show %: _____	Verified by: _____	