



Instructor Trainer Skills Evaluation Statement

I, (*name of IT candidate*) _____, confirm that I demonstrated all of my first aid skills to (*name of evaluating IT/MIT*) _____ on _____, 20_____.

The skills were performed as per the Canadian Red Cross first aid program requirements, outlined in the first aid skills sheets.

I, (*name of evaluating IT/MIT*) _____, confirm that the skills demonstrated by (*name of IT candidate*) _____ meet the Canadian Red Cross requirements and that I conducted a complete evaluation of all the first aid skills.

We (*IT candidate and evaluating IT/MIT*) understand that making a false statement could result in the suspension or revocation of our certifications.

Please indicate which skills sheet(s) were completed. Completed skills sheets must be submitted with this document.

- First Aid Skills Checklist
- Emergency Medical Responder Skills Checklist
- Advanced Wilderness & Remote First Aid Skills Checklist

Name of Instructor Trainer candidate	Red Cross ID number
Signature	Date

Name of evaluating IT/MIT	Red Cross ID number
Signature	Date