



*Aquatic Training & Consulting Services*  
448 W South Street  
Frederick, MD 21701  
301-760-7114  
[info@aquatictrainingservice.com](mailto:info@aquatictrainingservice.com)

---

## ***On-Site Training*** ***CPR / AED for the Professional Rescuer***

Offered by **Aquatic Training and Consulting Services**, this is an *American Red Cross* course. A full-length course is required for first-time certification and certifications are valid for one year. A shorter *recertification* class is available for subsequent renewals. All Health Departments in the Metropolitan area accept the *American Red Cross* certification.

**On-Site Full Length classes:**  
**Up to 6 participants: \$ 450.00**  
**\$ 50.00 for each additional participant**  
**(Does not include materials)**

Full length classes should be scheduled for 7 total hours. The materials cost, per-participant, is \$25.00, and includes the standalone CPR / AED textbook and a resuscitation mask.

**On-Site Recertification classes:**  
**Up to 6 participants: \$ 300**  
**\$ 40.00 for each additional participant**  
**(Does not include materials)**

Recertification classes should be scheduled for 5.5 total hours. Each participant **MUST** have a textbook and resuscitation mask. If any participant has a book that was purchased before January 3, 2007, **IT IS OUTDATED**. The cost of the new standalone CPR / AED textbook is \$ 15.00. In order to be eligible for a recertification class, each participant **MUST** have been certified in CPR within the last 2 years. It is **HIGHLY** recommended that you have the new book prior to class. Along with the addition of the AED training, there have been significant changes to the basic CPR material.

**On-Site CPR / AED for the Professional Rescuer Challenge:**  
**\$ 30.00 per person / minimum of 6 participants**  
**(Does not include materials)**

As long as the challenge takes place **BEFORE** the expiration date of your current certification, you are eligible to challenge each year. The American Red Cross allows a non-certified individual to challenge only once. If the participant is not currently certified, this must be the first time you have participated in a challenge course. **REMEMBER**, there have been significant changes to the material and each participant will be tested on the new material, **INCLUDING** the AED. No instruction will be given for challenges.

---

**Up-front deposit** of 50% of the total class fee is due **5 days prior to the start of class**. The deposit is non-refundable unless the class is cancelled at least 5 business days prior to the start of class. The remaining 50% is due on or before the last day of the course. **TESTING WILL NOT BEGIN UNTIL FULL PAYMENT IS RECEIVED.**

For locations **outside of a 50 mile radius** of Frederick County, Maryland, there may be an additional **\$30.00 PER TRIP fee**.

Refunds cannot be given for a participant who decides he/she no longer wishes to continue in a course in which they are participating. Attendance is **MANDATORY** for all dates of all sessions.

Should a participant become ill or should there be another **EMERGENCY** that precludes them from completing the course, every attempt will be made to allow them to make-up the material. Any student in these circumstances will be permitted to complete the course during another scheduled class at another facility if necessary. **Aquatic Training and Consulting Services** will make every *reasonable* accommodation necessary to complete the training.

Please complete the attached form and return it to Aquatic Training Services via mail, fax (240) 668-9449, or email [aquatictraining@aol.com](mailto:aquatictraining@aol.com). You will be contacted by our representative to schedule your class. *We look forward to working with you!*

***Aquatic Training and Consulting Services***  
***Request for CPR / AED for the Professional Rescuer Training***

Receipt Date: \_\_\_\_\_ Contacted on: \_\_\_\_\_ By: \_\_\_\_\_

*Office Use Only*

**Facility Name:** \_\_\_\_\_

**Facility Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Fax:** \_\_\_\_\_

**Contact E-mail Address:** \_\_\_\_\_

**County / State:** \_\_\_\_\_

**Class Preferences:** *Please check one per line*

- 1.)  Weekdays  Weekends  Evenings  
2.)  Two 2-3 hour classes  One 6-7 hour class

**Desired Date of Completion, if any:** \_\_\_\_\_

**Estimated Number of Participants:** \_\_\_\_\_

(We must have an exact count of participants 5 Business Days PRIOR to class start date)

**Please Provide dates that would work well for your facility:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facility Representative Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You will be contacted by a representative of Aquatic Training and Consulting Services to discuss final scheduling. To guarantee your final scheduling, we must receive the deposit (as stated on pg 1) FIVE DAYS PRIOR to the scheduled start date.**

**Scheduled Dates:** \_\_\_\_\_

\_\_\_\_\_

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only*