

# 2026 First Aid/CPR Certification Training

## Woodland, CA

### This American Heart Association Class Meets the following OSHA Requirement:

At remote locations, provisions must be made in advance for prompt medical attention in case of serious injuries. This may be accomplished by on-the-site facilities or proper equipment for prompt transportation of the injured person to a physician or communication system for contacting a doctor or combinations of these that will avoid unnecessary delay in treatment. There shall be at least 1 employee for every 20 employees at any remote location with training for the administering of emergency first aid.

**Wednesday, September 30, 2026**

**Location: MVP Conference Room, 1000 N. East Street, Woodland, CA 95776**

**Spanish: 7:30 a.m.**

**English: 12:30 p.m.**

**Cost: \$155 per person.**

Space is limited, pre-registration is required. **Registration is due by 09/23/2026.** Contact us at (530) 665-4422 or [lcrafft@mvpsafety.org](mailto:lcrafft@mvpsafety.org) for questions about the training events.

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Complete the form below, mail with check payable to **MVP Safety, 201 East Street, Woodland, CA 95776**. Or call our office at (530) 665-4422 to make a payment over the phone with a credit card. No refunds will be issued, credit can be used toward future Safety Trainings within the same year.

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(include area code)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Please indicate how many employees will attend each session:

**MVP Conference Room – 1000 N. East Street, Woodland, CA 95776**

**September 30, 2026 – First Aid/CPR/AED Certification**

7:30 a.m. Spanish \_\_\_\_\_

@ \$155 each = \$ \_\_\_\_\_

12:30 p.m. English \_\_\_\_\_

@ \$155 each = \$ \_\_\_\_\_

**Total: \$ \_\_\_\_\_**

*Names of Employees (Please circle E for English or Spanish Sessions):*

E / S \_\_\_\_\_

E / S \_\_\_\_\_

E / S \_\_\_\_\_

E / S \_\_\_\_\_

E / S \_\_\_\_\_

E / S \_\_\_\_\_

For office use only  Visa  MasterCard  American Express  Check \_\_\_\_\_

CC# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ CID \_\_\_\_\_ Zip Code \_\_\_\_\_ Invoice # \_\_\_\_\_

