

## Allied Health 21 Course – CPR Card Fee Form

(Complete and take this form to LAMC Business Office.)  
If the form is incomplete, the Business Office will not accept it.

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Section # & Semester & Year: \_\_\_\_\_

Instructor: \_\_\_\_\_

Cost of the CPR card: **\$10.00**

Total Amount Paid: \_\_\_\_\_

**BUSINESS OFFICE, please STAMP HERE**

**Student, you must keep this half-sheet for your records.**

----- Do not write below this line. For Business Office Use Only. -----

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Section # & Semester & Year: \_\_\_\_\_

Instructor: \_\_\_\_\_

Cost of the CPR card: **\$10.00**

Total Amount Paid: \_\_\_\_\_