



Headquarters:
390 River Street
Springfield, VT 05156
(802) 886-4500
www.hcrs.org

Accredited by the
Joint Commission

Shared Living Provider CPR/First Aid reimbursement

SLP Name_____

Date_____

Amount of Request (cost of the training) _____

Location of training:

Please attach a copy of your receipt/invoice for training completion for reimbursement. Please send a copy of your certificate to Program Development slp_group@hcrs.org with this completed form.





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