



Instructions: Please complete the form below and submit it to Vitality™ with proof of your CPR certification. This proof can include ONE of the following:

- Your program instructor’s signature in section C of this form
- A copy of your CPR certificate or
- A copy of your CPR certification card (front and back)

Your CPR certification will be eligible for points each year that it is valid.

We encourage you to submit this activity online. Simply log into the Vitality website, navigate to the online submission page, and attach your supporting documentation. Alternatively, you may email your submission to wellness@powerofvitality.com or fax it to **877.224.7110**.
Please note, submission via email is not secure until received by Vitality. For your protection, Vitality strongly recommends the use of our online submission option.

Section A: Member’s Information	
First Name of Member Who Completed the Activity:	Last Name of Member Who Completed the Activity:
Vitality ID:	Date of Birth:

Section B: Certificate Information		
Program Name:	Program Address:	
Program Phone Number, Email Address or Website:	Certification Issue Date:	Certification Expiration Date:
Instructor’s Name:		
I am including the following as proof of my CPR certification (<i>check one</i>):		
<input type="checkbox"/> My program instructor’s signature in Section C of this form	<input type="checkbox"/> A copy of my CPR certificate	<input type="checkbox"/> A copy of my CPR certification card (front and back)

Section C: Instructor’s Verification of Certification (<i>if no other proof of activity is included</i>)		
Certification of Results: I certify that I personally issued this member’s CPR certification as listed above and attest to the accuracy of the information herein.		
Instructor’s Name:	Instructor’s Signature:	Date of Signature:

Section D: Member’s Declaration and Consent	
By signing this form, I attest that I completed this CPR certification as listed above and that the information submitted with this request is accurate and complete. I consent and agree that Vitality or any of its representatives has the right to verify and review information to substantiate information and representations herein for the purpose of awarding Vitality Points.	
Member’s Signature:	Date of Signature:

Questions? Please feel free to contact a Vitality Customer Care representative at **877.224.7117** or wellness@powerofvitality.com.
Please note: Vitality complies with HIPAA privacy and security requirements.