

# **ANDERSON TOWNSHIP LITTLE LEAGUE**

## **SUDDEN CARDIAC ARREST TRAINING CERTIFICATION**

By signing this document below, I certify that I have completed the sudden cardiac arrest training approved by the Ohio Department of Health, and located at:

<https://www.odh.ohio.gov/en/landing/Lindsays-Law>.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Printed Name: \_\_\_\_\_