

American Red Cross

Professional Rescuer First Aid and CPR/AED Activity Report

TRAINING SITE INFORMATION	COURSE INFORMATION
Red Cross Unit Where Course Was Taught _____	Start Date: _____ End Date: _____
Facility Name _____	PROGRAM <input type="checkbox"/> CPR/AED for the Professional Rescuer <input type="checkbox"/> Bloodborne Pathogens: PDT
Facility Address _____ <small>Street Address</small>	<input type="checkbox"/> Emergency Response <input type="checkbox"/> Administering Emergency Oxygen
_____ <small>City, State, Zip</small>	Course Name: _____
Facility Contact _____	Course Format: <input type="checkbox"/> Full Course <input type="checkbox"/> Review <input type="checkbox"/> Challenge
Facility Phone _____	Total Individuals Enrolled in the Course:
AP Name/ID No. _____	
AP Address (if different from Facility) _____	

TRAINING DELIVERY Full Service Community Authorized Provider

TRAINING AUDIENCE Check the box that best describes the training audience: <input type="checkbox"/> OCCUPATIONAL/WORKPLACE (Manufacturing, Administrative/Office, Retail Store/Mall, Transportation Center) <input type="checkbox"/> MEDICAL/RESCUE (Hospital, EMS/Fire, Police) <input type="checkbox"/> ACADEMIC (K-12, College, University, Trade school) <input type="checkbox"/> CONSUMER (Youth group, Military, Community group, Religious group, Parks & Recreation/Government)	DEMOGRAPHIC INFORMATION (optional) Ethnic Origin: ___ White ___ Hispanic or Latino ___ Black or African American ___ American Indian/ Alaska Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ Did Not Report Gender: ___ Male ___ Female
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Components	Emergency Response	CPR/AED for the Professional Rescuer	CPR/AED for Lifeguards	Administering Emergency Oxygen	Bloodborne Pathogens: PDT	Epi-Auto Injector	Asthma Inhaler Training	Other:
Number Enrolled								
Number Passed								
Number Inc./Audit								
Total Hours								

CERTIFICATES (check one) Send to facility's address
 Certificates issued on site Attn: _____
 Instructor will pick up Send to AP address
 Send to Instructor at Instructor's address Attn: _____

INSTRUCTOR INFORMATION	ID No. _____
Instructor Name _____	
Instructor Address _____ <small>Street Address</small>	
<input type="checkbox"/> Check here if new address or telephone number.	_____ <small>City, State, Zip</small>
Instructor Telephone Number () _____	
E-mail _____	
Instructor Signature _____ <small>(not required if Instructor ID is provided)</small>	
Instructor Unit of Authorization _____	
Course taught as <input type="checkbox"/> Red Cross Volunteer <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> Authorized Provider	

CO-INSTRUCTOR INFORMATION	ID No. _____
Instructor Name _____	
Instructor Address _____ <small>Street Address</small>	
<input type="checkbox"/> Check here if new address or telephone number.	_____ <small>City, State, Zip</small>
Instructor Telephone Number () _____	
E-mail _____	
Instructor Signature _____ <small>(not required if Instructor ID is provided)</small>	
Instructor Unit of Authorization _____	
Course taught as <input type="checkbox"/> Red Cross Volunteer <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> Authorized Provider	

COMMENTS

By submitting this form the instructor(s) acknowledges that the course was taught according to American Red Cross standards.

RED CROSS OFFICE USE ONLY						
Total Fees Collected	Red Cross Branch	Date Received	Date Certs Issued	Date Closed in LMS	Person Entering Data	LMS Class ID Number