

American Red Cross

Course Record Addendum

Page _____ of _____

COURSE NAME AND CODE						FOR DISASTER SERVICES AND AFES COURSES ONLY					
NAME OF INSTRUCTOR _____						SPONSORING RED CROSS UNIT _____					
NAME OF CO-INSTRUCTOR _____						CITY AND STATE WHERE COURSE WAS HELD _____					
DATE COURSE BEGAN _____ DATE COURSE ENDED _____						INSTRUCTOR'S SIGNATURE OR ID NUMBER _____					
						CO-INSTRUCTOR SIGNATURE OR ID NUMBER _____					
COMPONENTS					NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS AND STUDENT ID	INSTRUCTOR COMMENTS	DSHR	
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
ENROLLED					LAST	STREET	()			<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP					
					TOTAL ENROLLED (Add each column)	For information on components codes and which certificate(s) each participant receives, please contact your local American Red Cross unit.					
					TOTAL PASSED (Add each column)						

SPONSORING RED CROSS UNIT'S RECORD