American Red Cross

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Course Record

INSTRUCTOR
(last name, first name, middle initial)
ADDRESS
(street)
(city, state, zip code)
PHONE E-MAIL
UNIT OF AUTHORIZATION ARCBA
ADDRESS 85 Second St, 8th Floor, Attn: Records and Reports, San Francisco, CA 94105

CO-INSTRUCTOR
(last name, first name, middle initial)
ADDRESS
(street)
(city, state, zip code)
PHONE E-MAIL
UNIT OF AUTHORIZATION ARCBA
ADDRESS 85 Second St, 8th Floor, Attn: Records and Reports, San Francisco, CA 94105

Check here if address for either instructor or co-instructor is new. ☐

SPONSORING RED CROSS UNIT ARCBA
DATE COURSE STARTED **DATE COURSE ENDED**
COURSE NAME
COURSE CODE
TOTAL ENROLLED IN COURSE

COMPONENT INFORMATION

COMPONENT NAME	CODE	HOURS	NUMBER ENROLLED	NUMBER PASSED	NUMBER AUDIT/INC
	TOTAL HOURS				

COMMENTS

TRAINING SITE INFORMATION (name of authorized provider, school, workplace, community organization or American Red Cross unit)

NAME
Authorized Provider ID Number
STREET
CITY, STATE, ZIP

HOW COURSE WAS DELIVERED ☐Full-service contract ☐Community ☐Authorized Provider

ETHNIC ORIGIN INFORMATION				SEX	
WHITE		BLACK OR AFRICAN AMERICAN		MALE	
HISPANIC OR LATINO		AMERICAN INDIAN/ALASKAN NATIVE		FEMALE	
ASIAN		NATIVE HAWAIIAN OR PACIFIC ISLANDER		DID NOT REPORT	

TRAINING AUDIENCE: Check the box that best describes the training audience:

☐ OCCUPATIONAL/WORKPLACE
(Manufacturing, Administrative/Offices, Retail Stores/Malls, Transportation Centers)
☐ MEDICAL/RESCUE
(Hospitals, EMS/Fire, Police)
☐ ACADEMIC
(K–12, Colleges/Universities)
☐ CONSUMER
(Youth Groups, Military, Organizations, Religious Group, Park & Recreation/Government)

CERTIFICATES (Check one): ☐ Instructor will pick up certificates ☐ Send certificates to instructor ☐ Send certificates to authorized provider ☐ Certificates issued on site ☐ Not applicable ☐ Other

I certify this training session has been conducted in accordance with the requirements and procedures of the American Red Cross. Note: All co-instructors named above must sign or include ID numbers.

INSTRUCTOR SIGNATURE or ID NUMBER **CO-INSTRUCTOR SIGNATURE or ID NUMBER**

OFFICE USE ONLY				DATE RECEIVED	DATE CERTIFICATES ISSUED	DATE RECORDED	INITIALS OF PERSON ENTERING DATA	LMS OR CHERS CLASS ID NUMBER
TOTAL FEES COLLECTED		REDCROSS BRANCH						