

TRAINING SITE INFORMATION				COURSE INFORMATION																																																															
Red Cross Unit Where Course Was Taught _____				Start Date: _____		End Date: _____																																																													
Facility Name _____		Facility Address _____ <small>Street Address</small>		PROGRAM <input type="checkbox"/> FA/CPR/AED Workplace <input type="checkbox"/> Blended Learning FA/CPR/AED <input type="checkbox"/> FA/CPR/AED Schools and Community <input type="checkbox"/> Sport Safety Training		<input type="checkbox"/> FA -Responding to Emergencies <input type="checkbox"/> Spanish FA/CPR/AED																																																													
Facility Address _____ <small>City, State, Zip</small>		Facility Contact _____																																																																	
Facility Phone _____		AP Name/ID No. _____		Course Name: _____																																																															
AP Address (if different from Facility) _____		AP Address (if different from Facility) _____		Course Format: <input type="checkbox"/> Full Course <input type="checkbox"/> Review <input type="checkbox"/> Challenge																																																															
TRAINING DELIVERY <input type="checkbox"/> Full Service <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider				Total Individuals Enrolled in the Course:																																																															
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: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Did Not Report Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Components</th> <th>First Aid</th> <th>Adult CPR</th> <th>Adult AED</th> <th>Child CPR</th> <th>Child AED</th> <th>Infant CPR</th> <th>Oxygen Administration</th> <th>Bloodborne Pathogens: PDT</th> <th>Epi-Auto Injector</th> <th>Asthma Inhaler</th> <th>Injury Control Module:</th> </tr> </thead> <tbody> <tr> <td>Number Enrolled</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Number Passed</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Number Inc./Audit</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Total Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>				Components	First Aid	Adult CPR	Adult AED	Child CPR	Child AED	Infant CPR	Oxygen Administration	Bloodborne Pathogens: PDT	Epi-Auto Injector	Asthma Inhaler	Injury Control Module:	Number Enrolled												Number Passed												Number Inc./Audit												Total Hours											
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CERTIFICATES (check one) <input type="checkbox"/> Certificates issued on site <input type="checkbox"/> Instructor will pick up <input type="checkbox"/> Send to Instructor at Instructor's address				<input type="checkbox"/> Send to facility's address Attn: _____ <input type="checkbox"/> Send to AP address Attn: _____																																																															
INSTRUCTOR INFORMATION 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 _____		ID No. _____		CO-INSTRUCTOR INFORMATION 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 _____				ID No. _____																																																											
Course taught as <input type="checkbox"/> Red Cross Volunteer <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> Authorized Provider				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.																																																																			
R E D C R O S S O F F I C E U S E O N L Y																																																																			
Total Fees Collected	Red Cross Branch	Date Received	Date Certs Issued	Date Closed in LMS	Person Entering Data	LMS Class ID Number																																																													