

INSTRUCTOR _____
(last name, first name, middle initial)

ADDRESS _____
(street)

PHONE _____ E-MAIL _____
(city, state, zip)

UNIT OF AUTHORIZATION _____

ADDRESS _____

CO-INSTRUCTOR _____
(last name, first name, middle initial)

ADDRESS _____
(street)

PHONE _____ E-MAIL _____
(city, state, zip)

UNIT OF AUTHORIZATION _____

ADDRESS _____

Check here if address and/or phone number is new for the instructor or co-instructor.

SPONSORING AMERICAN RED CROSS UNIT _____

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

NAME _____

AUTHORIZED PROVIDER ID NUMBER _____

STREET _____

CITY, STATE, ZIP _____

HOW COURSE WAS DELIVERED

Full-Service Contract Community Authorized Provider

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

OW = Occupational/Workplace (Manufacturing, Offices, Retail, Transportation)

MR = Medical/Rescue (Hospitals, EMS/Fire, Police)

A = Academic (K-12, Colleges/Universities, trade schools)

C = Consumer (Youth Groups, Military, Organizations, Religious Group, Park & Rec)

COMMENTS

ETHNIC ORIGIN INFORMATION				GENDER	
White		Black or African American		Male	
Hispanic or Latino		American Indian/Alaskan Native		Female	
Asian		Native Hawaiian or Pacific Islander		No Report	

Certificates: Instructor will pick up Send to the facility Send to instructor Issued on site

Courses	Babysitter's Training	CPR--Child	CPR--Infant	Standard First Aid	Additional Lesson:	Additional Lesson:	Additional Lesson:	Additional Lesson:	Additional Lesson:
Number Enrolled									
Number Passed									
Inc./ Audit									
Total Hours									
Start Date									
End Date									

INSTRUCTOR SIGNATURE _____ CO-INSTRUCTOR SIGNATURE _____
 or ID NUMBER _____ or ID NUMBER _____

American Red Cross Office Use Only

LMS or CHERS Class #	Fees	Red Cross Branch	Date Received	Date Certificates Issued	Authorized Provider ID #