

# American Red Cross

# HIV/AIDS Education Programs Instructor Activity Report

INSTRUCTOR \_\_\_\_\_  
(last name, first name, middle initial)

ADDRESS \_\_\_\_\_  
(street)

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(city, state, zip code)

UNIT OF AUTHORIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CO-INSTRUCTOR \_\_\_\_\_  
(last name, first name, middle initial)

ADDRESS \_\_\_\_\_  
(street)

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(city, state, zip code)

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** - Provide the appropriate code that best describes the training audience:

**OW = Occupational/Workplace** (Manufacturing, Administrative/Offices, Retail Stores/Malls, Transportation Centers)

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

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

**C = Consumer** (Youth Groups, Military, Organizations, Religious Group, Park & Recreation/Government)

**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	Did Not Report

**COURSE INFORMATION** – Provide the information requested below for each course taught. For the course(s) conducted, place a check under the proper name. Use one row per course. By submitting this form the instructor acknowledges that the course(s) were taught according to American Red Cross standards.

Workplace HIV/AIDS Presentation (3501)	African American HIV/ AIDS Program					Hispanic HIV/AIDS Program			Basic HIV/AIDS Program		Act SMART			Number Enrolled	Start Date	End Date	Training Audience Code	LMS or CHERS Class Number
	Community Activities (3518)	Module 1 (35221)	Module 2 (35222)	Module 3 (35223)	Module 4 (35224)	Community Activities (3525)	Discussion Based Platlica (35261)	Activity Based Platlica (35262)	Modules I & II (3527F)	Modules III & IV (3527S)	Module I (3519)	Module II (3520)	Module III (3521)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

INSTRUCTOR SIGNATURE or ID NUMBER \_\_\_\_\_ CO-INSTRUCTOR SIGNATURE or ID NUMBER \_\_\_\_\_

Office Use Only	Fees Collected	Red Cross Branch	Date Received	Date Certificates Issued	Date Recorded	Initials of Person Entering Data	Authorized Provider ID Number

# HIV/AIDS Education Programs Instructor Activity Report Form 6418HIV (Revised March 2005)

## General Directions

### Use of this Form

This form is intended to be used only for those courses listed on this form. This form can be accepted by fax, e-mail or regular mail, and it should be completed within ten (10) business days of completion.

### Return Completed Form

Send the completed form the American Red Cross chapter in which jurisdiction the course(s) was conducted. The chapter can be located on the American Red Cross Web site at [www.redcross.org](http://www.redcross.org) under "Find Your Local Red Cross."

### INSTRUCTOR and CO-INSTRUCTOR INFORMATION

Provide all the information requested. The "Instructor ID Number" is provided by the American Red Cross chapter for which you teach. This ID number can be substituted for the signature when the form is sent to the chapter by e-mail. Please check the box if the address or phone number provided is new.

### COMMENTS

Record any important information, such as problems with the equipment.

### SPONSORING AMERICAN RED CROSS UNIT

Enter the name of the American Red Cross chapter, station or unit in which jurisdiction the course(s) were conducted.

### TRAINING SITE INFORMATION

Enter the name and address of the authorized provider, school, workplace, community organization or American Red Cross unit where the courses were conducted. The Authorized Provider ID number may be provided by the local American Red Cross chapter.

### TRAINING AUDIENCE CATEGORIES

Choose the category that best represents those who attend the training. Examples are included for each category. Place the code in the "Training Audience Code" column for each course recorded on this form.

### ETHNIC ORIGIN INFORMATION and GENDER

It is optional for course participants to provide this information. If a participant chooses not to provide his or her ethnicity, count the person under "Did Not Report". Contact your local American Red Cross chapter for reporting requirements. Forms may be available to collect statistical information for funding agencies (e.g. United Way).

### COURSE INFORMATION

In this section provide the requested information for each course taught. Only one (1) course should be reported per line.

#### Place a check in the box for the course(s) that was conducted.

There should only be one (1) check per line.

#### Number Enrolled

List the number of participants enrolled for the course.

#### Start Date and End Date

For the course checked, list the start and end date.

#### Training Audience Code

Choose the code that best represents those who attended the training.

#### LMS or CHERS Class Number

This space is for use by the American Red Cross chapter.

#### Instructor Signature or ID Number

The instructor and co-instructor(s) must sign the completed form or provide the pre-determined instructor identification number assigned by the local American Red Cross.