

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

ADDRESS _____
(street)

_____ (city, state, zip)

PHONE _____ **E-MAIL** _____

UNIT OF AUTHORIZATION _____

ADDRESS _____

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

ADDRESS _____
(street)

_____ (city, state, zip)

PHONE _____ **E-MAIL** _____

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	

Course Format: Full Course Review Challenge **Certificates:** Instructor will pick up Send to the facility Send to instructor Issued on site

Courses	Lifeguarding <small>(Lifeguarding/First Aid Certificate & CPR/AED for Lifeguards Certificate)</small>		Waterfront Lifeguarding <small>(Lifeguarding/Waterfront /First Aid Certificate & CPR/AED for Lifeguards Certificate)</small>		Waterpark Lifeguarding <small>(Lifeguarding/Waterpark/ First Aid Certificate & CPR/AED for Lifeguards Certificate)</small>		Shallow Water Attendant <small>(Shallow Water Attendant(up to 4ft)/First Aid Certificate & CPR/AED for Lifeguards Certificate)</small>		CPR/AED for Lifeguards <small>(stand-alone course)</small>	Administering Emergency Oxygen	Bloodborne Pathogens Training: PDT	Lifeguard Management	Basic Water Rescue	Safety Training for Swim Coaches
	LG/FA	CPR/LG	LG/WF/FA	CPR/LG	LG/WP/FA	CPR/LG	SWA/FA	CPR/LG						
Number Enrolled														
Components	LG/FA	CPR/LG	LG/WF/FA	CPR/LG	LG/WP/FA	CPR/LG	SWA/FA	CPR/LG	N/A	N/A	N/A	N/A	N/A	N/A
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	Authorized Provider ID #