

# American Red Cross

# Pandemic Flu Presentation Leader Activity Report

LEADER _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip code)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION _____ ADDRESS _____				SPONSORING AMERICAN RED CROSS UNIT _____ <b>TRAINING SITE INFORMATION</b> <small>(name of authorized provider (AP), school, workplace, community organization or Red Cross unit)</small> NAME _____ AUTHORIZED PROVIDER ID NUMBER _____ STREET _____ CITY, STATE, ZIP _____			
CO-LEADER _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip code)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION _____ ADDRESS _____ Check here if address and/or phone number is new for the leader or co-leader. <input type="checkbox"/>				<b>HOW PRESENTATION WAS DELIVERED</b> <input type="checkbox"/> Full-Service Contract <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider <b>TRAINING AUDIENCE</b> - Provide the appropriate code that best describes the training audience: <b>OW=Occupational/Workplace</b> (Manufacturing, Administrative/Offices, Retail Stores/Malls, Transportation Centers) <b>MR=Medical/Rescue</b> (Hospitals, EMS/Fire, Police) <b>A=Academic</b> (K-12, Colleges/Universities, trade schools) <b>C=Consumer</b> (Youth Groups, Military, Organizations, Religious Grp, Parks & Recreation/Government)			
<b>COMMENTS</b> _____ _____ _____				<b>ETHNIC/ORIGIN INFORMATION</b> White _____ Black or African American _____ Hispanic or Latino _____ American Indian/Alaskan _____ _____ Native _____ Asian _____ Native Hawaiian or Pacific Islander _____		<b>GENDER</b> Male _____ Female _____ Did Not Report _____	
<b>PRESENTATION INFORMATION</b> – Provide the information requested below for each presentation taught. For the presentation(s) conducted, place a check under the proper name. Use one row per presentation. By submitting this form the leader acknowledges that the presentations were taught according to American Red Cross standards.							
<b>Date of Presentation</b>	<b>Pandemic Flu Information Series: Are You Prepared?</b>	<b>Pandemic Flu Information Series: Home Care for Pandemic Flu</b>	<b>Training Audience Code</b>	<b>Name of Co-Leader</b>	<b>LMS or CHERS Class Number</b>		
	<b>Number Enrolled</b>	<b>Number Enrolled</b>					
I certify this training session(s) have been conducted in accordance with the requirements and procedures of the American Red Cross. Note: All co-leaders named above must sign or include their ID numbers.							
<b>LEADER SIGNATURE or ID NUMBER</b>				<b>CO-LEADER SIGNATURE or ID NUMBER</b>			
<b>Office Use Only</b>	<b>Fees Collected</b>	<b>Red Cross Branch</b>	<b>Date Received</b>	<b>Date Certificates Issued</b>	<b>Date Recorded</b>	<b>Initials of Person Entering Data</b>	<b>Authorized Provider ID Number</b>

# General Directions – Pandemic Flu Presentation Leader Activity Report Form (August 2006)

## Use of this Form

This form is intended to be used only for those presentations 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 presentation(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.”

## LEADER and CO-LEADER INFORMATION

Provide all the information requested. The “Leader 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 presentation(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 presentations 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 presentation recorded on this form.

## ETHNIC ORIGIN INFORMATION and GENDER

It is optional for presentation 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).

## PRESENTATION INFORMATION

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

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

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

### Number Enrolled

List the number of participants enrolled for the presentation.

### Start Date and End Date

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

### Training Audience Code

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

### Name of Co-Leader

If there was a co-leader, list his or her name.

### LMS or CHERS Class Number

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

### Leader Signature or ID Number

In order for the activity report to be valid, the leader and co-leader must sign the completed form or provide an identification number assigned by the local American Red Cross chapter.