

INSTRUCTOR _____ <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 _____ CO-INSTRUCTOR _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip code)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION Northwest Arkansas Red Cross ADDRESS P.O. Box 789, Tontitown, AR 72770 Check here if address for either instructor or co-instructor is new. <input type="checkbox"/>	SPONSORING RED CROSS UNIT Northwest Arkansas DATE COURSE STARTED _____ DATE COURSE ENDED _____ COURSE NAME _____ COURSE CODE _____ TOTAL ENROLLED IN COURSE _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center;">COMPONENT INFORMATION</th> </tr> <tr> <th style="width:35%;">COMPONENT NAME</th> <th style="width:10%;">CODE</th> <th style="width:10%;">HOURS</th> <th style="width:10%;">NUMBER ENROLLED</th> <th style="width:10%;">NUMBER PASSED</th> <th style="width:10%;">NUMBER AUDIT/INC</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr style="background-color: #cccccc;"> <td> </td> <td style="text-align: center;">TOTAL HOURS</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	COMPONENT INFORMATION						COMPONENT NAME	CODE	HOURS	NUMBER ENROLLED	NUMBER PASSED	NUMBER AUDIT/INC																																TOTAL HOURS				
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COMMENTS 	TRAINING SITE INFORMATION (name of authorized provider, school, workplace, community organization or American Red Cross unit) NAME _____ Authorized Provider ID Number _____ STREET _____ CITY, STATE, ZIP _____ HOW COURSE WAS DELIVERED <input type="checkbox"/> Full-service contract <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider
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ETHNIC ORIGIN INFORMATION				SEX	
WHITE		BLACK OR AFRICAN AMERICAN		MALE	
HISPANIC OR LATINO		AMERICAN INDIAN/ALASKAN NATIVE		FEMALE	
ASIAN		NATIVE HAWAIIAN OR PACIFIC ISLANDER		DID NOT REPORT	

TRAINING AUDIENCE: Check the box that best describes the training audience:
 OCCUPATIONAL/WORKPLACE (Manufacturing, Administrative/Offices, Retail Stores/Malls, Transportation Centers)
 MEDICAL/RESCUE (Hospitals, EMS/Fire, Police)
 ACADEMIC (K-12, Colleges/Universities)
 CONSUMER (Youth Groups, Military, Organizations, Religious Group, Park & Recreation/Government)

CERTIFICATES (Check one): Instructor will pick up certificates Send certificates to instructor Send certificates to authorized provider Certificates issued on site Not applicable Other

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

INSTRUCTOR SIGNATURE or ID NUMBER			CO-INSTRUCTOR SIGNATURE or ID NUMBER				
OFFICE USE ONLY			DATE RECEIVED	DATE CERTIFICATES ISSUED	DATE RECORDED	INITIALS OF PERSON ENTERING DATA	LMS OR CHERS CLASS ID NUMBER
TOTAL FEES COLLECTED		REDCROSS BRANCH					

