

INSTRUCTOR _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION NW Arkansas Chapter ADDRESS PO Box 789, Tontitown, AR 72770 CO-INSTRUCTOR _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION _____ ADDRESS _____ Check here if address and/or phone number is new for the instructor or co-instructor. <input type="checkbox"/>		SPONSORING AMERICAN RED CROSS UNIT Northwest Arkansas <hr/> TRAINING SITE INFORMATION <small>(name of authorized provider (AP), school, workplace, community organization or Red Cross unit)</small> NAME _____ AUTHORIZED PROVIDER ID NUMBER _____ STREET _____ CITY, STATE, ZIP _____ <hr/> HOW COURSE WAS DELIVERED <input type="checkbox"/> Full-Service Contract <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider <hr/> TRAINING AUDIENCE - Check the box that best describes the training audience: <input type="checkbox"/> OW = Occupational/Workplace (Manufacturing, Offices, Retail, Transportation) <input type="checkbox"/> MR = Medical/Rescue (Hospitals, EMS/Fire, Police) <input type="checkbox"/> A = Academic (K-12, Colleges/Universities, trade schools) <input type="checkbox"/> C = Consumer (Youth Groups, Military, Organizations, Religious Group, Park & Rec) <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">ETHNIC ORIGIN INFORMATION</th> <th colspan="2">GENDER</th> </tr> <tr> <td>White</td> <td></td> <td>Black or African American</td> <td></td> <td>Male</td> <td></td> </tr> <tr> <td>Hispanic or Latino</td> <td></td> <td>American Indian/Alaskan Native</td> <td></td> <td>Female</td> <td></td> </tr> <tr> <td>Asian</td> <td></td> <td>Native Hawaiian or Pacific Islander</td> <td></td> <td>No Report</td> <td></td> </tr> </table>		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	
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COMMENTS																											
Course Format: <input type="checkbox"/> Full Course <input type="checkbox"/> Review <input type="checkbox"/> Challenge Certificates: <input type="checkbox"/> Instructor will pick up <input type="checkbox"/> Send to the facility <input type="checkbox"/> Send to instructor <input type="checkbox"/> Issued on site																											
Courses	Lifeguarding <small>(Lifeguarding/First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Waterfront Lifeguarding <small>(Lifeguarding/Waterfront /First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Waterpark Lifeguarding <small>(Lifeguarding/Waterpark/ First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Shallow Water Attendant <small>(Shallow Water Attendant(up to 4ft)/First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		CPR/AED for the Professional Rescuer <small>(stand-alone course)</small>	Administering Emergency Oxygen	Bloodborne Pathogens Training: PDT	Lifeguard Management	Basic Water Rescue	Safety Training for Swim Coaches													
	Number Enrolled																										
Components	LG/FA	CPR/Pro	LG/WF/FA	CPR/Pro	LG/WP/FA	CPR/Pro	SWA/FA	CPR/Pro	N/A	N/A	N/A	N/A	N/A	N/A													
Number Passed																											
Inc./ Audit																											
Total Hours																											
Start Date																											
End Date																											
INSTRUCTOR SIGNATURE or ID NUMBER						CO-INSTRUCTOR SIGNATURE 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 #																