

<p>CHAPTER INFORMATION</p> <p>Karen Martin NW Arkansas Chapter American Red Cross P.O. Box 789 Tontitown, AR 72770</p> <p>E-mail Address <u>Health&safety@nwarkansasredcross.org</u> Fax Number <u>479-306-4325</u></p>	<p>Send this completed form to the address on the left or the e-mail address or fax number below.</p>	<p>INSTRUCTOR INFORMATION</p> <p>Instructor Name _____ Instructor Address _____ Street Address _____ City, State, Zip _____</p> <p>Instructor Telephone Number _____ Instructor ID No. or Signature _____</p> <p>Instructor Unit of Authorization (If different from Chapter Information) <u>Northwest Arkansas</u></p> <p><input type="checkbox"/> Check here if new address or phone number for instructor.</p>
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AUTHORIZED PROVIDER INFORMATION

Authorized Provider Name _____	Authorized Provider ID No. _____
Facility Name _____	Facility Address _____
Facility Phone _____	Street Address _____
	City, State, Zip _____

COURSE INFORMATION Provide the information requested below for each course taught.
 By submitting this form the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. Use one row per course.									Number Enrolled	Number Passed	Start Date	Completion Date	Name of Co-Instructor or Instructor Aide (If aide, place an "A" next to the name.)
Longfellow's Whale Tales (3407)	Basic Aid Training (3201)	FACT (3217)	Guard Start (34650)	Act Smart Module I (3519)	Act Smart Module II (3520)	Act Smart 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"/>					
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Youth Programs Leader Activity Report (Form 6418(Youth))

General Directions

USE OF THIS FORM

This form is intended to be used only for those courses listed on this form. Other courses must be reported on the appropriate *Course Record* (Form 6418R) and *Course Record Addendum* (Form 6418AR). This form can be accepted by fax, e-mail or regular mail. This form is to be completed within 10 working days of course completion.

RETURN COMPLETED FORM

Send the completed form to the location indicated on the form. If you do not have the address for the local chapter, you can call them or locate them on the Red Cross Web site at www.redcross.org under "Your Local Red Cross."

INSTRUCTOR INFORMATION

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

AUTHORIZED PROVIDER INFORMATION

In this section provide the requested information. The Authorized Provider ID number is currently optional. Contact the local chapter to get the number and to see if it is needed for your facility.

COURSE INFORMATION

In this section provide the requested information for each course taught. **There is to be only one course per line.** Information on specific columns is below:

Place a check under the course name.

In the box under the course name and code place a check mark for the course taught. There should only be one check per line.

Number Enrolled

List the number of students enrolled on each course

Number Passed

For the course checked, note the number passed.

Start Date and Completion Date

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

Name of Co-Instructor or Instructor Aide

If there was a co-instructor, list that person's name next to the course. If an instructor aide assisted with the course, list the name of that person and place an "A" next to his or her name.

CHERS Class Number

This space is for chapter use, and the chapter is to enter the CHERS class number that is generated when the course is entered into CHERS.