CPR

| DATE OF COURSE: | COURSE NUMBER: |

COURSE LOCATION

COMPANY:_____

ADDRESS:_____

CITY:_____STATE:_____ ZIP:_____

TIME:
Start:_____End:_____Hrs. _____

COURSE INFO: (circle all that apply)

Initial Training   Renewal C.

TYPE: FAID   HCP   BBP   O2

CPR: Adult   Child   Infant

AED: YES   NO

Student: Manikin 1:1   2:1   3:1   4:1

TOTAL ATTENDANCE:C_____R_____I_____
C for Completed R for Remediated and I for Incomplete

Billing Information (Training Center Use Only)

Scheduled Students:_____

Total Students Attended:_____

Billing for:_____

Total:_____

SEND CARDS TO: CHECK IF SAME ADDRESS ☐
                                 (**must still fill in name/phone/email**)

COMPANY:_____

ATTN:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

PHONE:_____EMAIL:_____

	Instructor	Instructor ID:
Lead		
Asst.		
Asst.		
Asst.		

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with the most current CPR & ECC Guidelines.

Instructor Signature   Date

This form must be **COMPLETE** and **LEGIBLE** - It must accompany all class paperwork.

ARC CLASS ROSTER

Date:	Class #:

Start Time:	End Time:	Total Hrs.	Class Type:	Client:

<u>Disclaimer:</u> **Please write your name as it should appear on your card. COMPLETE ALL APPLICABLE FIELDS.**

Name			Address	C/IC	Test	Rem.
	Employee ID	Email				
	Location #	Phone				
	Employee ID	Email				
	Location #	Phone				
	Employee ID	Email				
	Location #	Phone				
	Employee ID	Email				
	Location #	Phone				
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	Employee ID	Email				
	Location #	Phone				
	Employee ID	Email				
	Location #	Phone				

C/IC - C=Completed / IC= Incomplete - Test SC=Test Score - Rem=Remediated Yes /No
Instructor Comments: (Attach incident report if needed)

Instructor Name	Signature:	Instructor ID:	Date Class Completed:

I certify that the following information is correct and can be verified. This course was offered based on the American Red Cross Rules and Policies. **Use of these materials in an educational course does not represent course sponsorship by the American Red Cross, and any fees charged for such a course do not represent income to the American Red Cross.   INSTRUCTOR PLEASE MAKE SURE NAMES ARE LEGIBLE BEFORE YOU LEAVE.**

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Name			Address	C/IC	Test	Rem.
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	Location #	Phone				
	Employee ID	Email				
	Location #	Phone				
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