# American Red Cross

# Course Record



INSTRUCTOR
(last name, first name, middle initial)
ADDRESS
(street)
(city, state, zip code)
PHONE E-MAIL
UNIT OF AUTHORIZATION
ADDRESS

CO-INSTRUCTOR
(last name, first name, middle initial)
ADDRESS
(street)
(city, state, zip code)
PHONE E-MAIL
UNIT OF AUTHORIZATION
ADDRESS

Check here if address for either instructor or co-instructor is new. ☐

SPONSORING RED CROSS UNIT
**DATE COURSE STARTED** **DATE COURSE ENDED**
COURSE NAME
COURSE CODE
TOTAL ENROLLED IN COURSE

**COMPONENT INFORMATION**

| COMPONENT NAME | CODE | HOURS | NUMBER ENROLLED | NUMBER PASSED | NUMBER AUDIT/INC |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | TOTAL HOURS | | | | |

**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** ☐Full-service contract ☐Community ☐Authorized Provider

**ETHNIC ORIGIN INFORMATION**

| | | | |
|---|---|---|---|
| WHITE | | BLACK OR AFRICAN AMERICAN | |
| HISPANIC OR LATINO | | AMERICAN INDIAN/ALASKAN NATIVE | |
| ASIAN | | NATIVE HAWAIIAN OR PACIFIC ISLANDER | |

**SEX**

| | |
|---|---|
| MALE | |
| FEMALE | |
| 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 | | | | | | |