

INSTRUCTOR Doe John
(last name) (first0) (middle)

ADDRESS 123 Red Rock Dr.
(street)

Colorado Springs, CO 80910
(city) (state) (zip)

PHONE (719) 555-1234

UNIT OF AUTHORIZATION Pikes Peak Chapter
(name of chapter/station/state/national headquarters unit)

ADDRESS 1040 South 8th St. Colorado Springs, CO 80906
(city) (state) (zip)

Please check status for this training. If third party is checked, indicate name of authorized provider.

RED CROSS VOLUNTEER RED CROSS PAID STAFF THIRD PARTY: ABC Supply Company

CO-INSTRUCTOR _____
(last name) (first0) (middle)

ADDRESS _____
(street)

(city) (state) (zip)

PHONE () _____

UNIT OF AUTHORIZATION _____
(name of chapter/station/state/national headquarters unit)

ADDRESS _____
(city) (state) (zip)

Please check status for this training.

RED CROSS VOLUNTEER RED CROSS PAID STAFF THIRD PARTY

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

COMMENTS

Names of other co-instructors, assisting aides, instructor's guests	PEASE CHECK ONE:			ROLE	UNIT OF AUTHORIZATION	HOURS INVOLVED
	VOL.	PD.	THIRD PARTY			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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 that this training session has been conducted in accordance with the requirements and procedures of the American Red Cross. Note: All co-instructors must sign this form if named above.

INSTRUCTOR'S SIGNATURE 1234 CO-INSTRUCTOR'S SIGNATURE _____

OFFICE USE ONLY				DATE RECEIVED	DATE CERTIFICATES ISSUED	DATE RECORDED	INITIALS OF PERSON ENTERING / RECORDING DATA	CHERS ID
HOW PROGRAM WAS DELIVERED: <input type="checkbox"/> FULL-SERVICE CONTRACT <input type="checkbox"/> COMMUNITY <input type="checkbox"/> AUTHORIZED PROVIDER								
TOTAL FEES COLLECTED		RED CROSS BRANCH						

SPONSORING RED CROSS UNIT Pikes Peak Chapter]

DATE COURSE STARTED 4/17/2006 DATE COURSE ENDED 4/17/2006

TRAINING SITE INFORMATION (name of school, worksite, community organization, or Red Cross unit)

NAME ABC Supply Company

STREET 45 Bumble Bee Dr.

CITY, STATE, ZIP Colorado Springs, CO 80914

COURSE NAME Adult/Infant/Child CPR/First Aid/AED

COURSE CODE 32407

TOTAL INDIVIDUALS ENROLLED IN THE COURSE 5

COMPONENT INFORMATION					
COMPONENT NAME	CODE	HOURS	NUMBER ENROLLED	NUMBER PASSED	NUMBER AUDIT/INC
Adult	3242	3	5	5	
AED	3247	1	5	5	0
Infant/Child	32460	2	5	5	
First Aid	32401	3	5	5	
		TOTAL HOURS	9		

ETHNIC ORIGIN INFORMATION				SEX	
WHITE	3	BLACK OR AFRICAN AMERICAN	2	MALE	4
HISPANIC OR LATINO	0	AMERICAN INDIAN/ALASKA NATIVE		FEMALE	1
ASIAN	0	NATIVE HAWAIIAN OR PACIFIC ISLANDER	0	DID NOT REPORT	

COURSE DEMOGRAPHICS FOR HIV/AIDS EDUCATION SESSIONS ONLY

COURSE LOCATION (Check box that best describes the setting in which training was conducted.)

(Check one) YOUTH: SCHOOL K-12 COLLEGE/UNIVERSITY OTHER

(Check one) ADULTS: COMMUNITY WORKPLACE

American Red Cross

Course Record Addendum

This form MUST be completed with the Course Record (Form 6418R)

MS Word Version

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COURSE NAME AND CODE <u>Adult/Infant/Child CPR/FA/AED 32407</u>	FOR DISASTER COURSES ONLY SPONSORING RED CROSS UNIT _____ CITY AND STATE WHERE COURSE WAS HELD _____ SIGNATURE OF INSTRUCTOR _____ SIGNATURE OF CO-INSTRUCTOR _____
NAME OF INSTRUCTOR <u>John Doe</u>	
NAME OF CO-INSTRUCTOR _____	
DATE COURSE BEGAN <u>4/17/2006</u> DATE COURSE ENDED <u>4/17/2006</u>	

COMPONENTS	3242	3247	32460	32401	NAME	MAILING ADDRESS	PHONE	INSTRUCTOR COMMENTS	DSHR	CERTS TO ISSUE (UNIT USE)
ENROLLED	X	X	X	X	LAST Doe	STREET 123 No Man's Land	()		<input type="checkbox"/>	
GRADE	P	P	P	P	FIRST Jane	CITY, STATE, ZIP C/S, CO 80911				
ENROLLED	X	X	X	X	LAST Doe	STREET 123 No Man's Land	()		<input type="checkbox"/>	
GRADE	P	P	P	P	FIRST Joe	CITY, STATE, ZIP C/S, CO 80911				
ENROLLED	X	X	X	X	LAST Doe	STREET 123 No Man's Land	()		<input type="checkbox"/>	
GRADE	P	P	P	P	FIRST Jeff	CITY, STATE, ZIP C/S, CO 80911				
ENROLLED	X	X	X	X	LAST Doe	STREET 123 No Man's Land	()		<input type="checkbox"/>	
GRADE	P	P	P	P	FIRST Manny	CITY, STATE, ZIP C/S, CO 80911				
ENROLLED	X	X	X	X	LAST Doe	STREET 123 No Man's Land	()		<input type="checkbox"/>	
GRADE	P	P	P	P	FIRST Frank	CITY, STATE, ZIP C/S, CO 80911				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
ENROLLED					LAST	STREET	()		<input type="checkbox"/>	
GRADE					FIRST	CITY, STATE, ZIP				
	1				TOTAL ENROLLED (Add each column)		For information on components codes and which certificate(s) each participant receives, please contact your local unit or refer to the course component chart.			
	1	0			TOTAL PASSED (Add each column)					

SPONSORING RED CROSS UNIT'S RECORD