

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 _____ 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 _____ <b>TRAINING SITE INFORMATION</b> <small>(name of authorized provider (AP), school, workplace, community organization or Red Cross unit)</small> NAME _____ AUTHORIZED PROVIDER ID NUMBER _____ STREET _____ CITY, STATE, ZIP _____ <b>HOW COURSE WAS DELIVERED</b> <input type="checkbox"/> Full-Service Contract <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider <b>TRAINING AUDIENCE - Check the box that best describes the training audience:</b> <input type="checkbox"/> <b>OW = Occupational/Workplace</b> (Manufacturing, Offices, Retail, Transportation) <input type="checkbox"/> <b>MR = Medical/Rescue</b> (Hospitals, EMS/Fire, Police) <input type="checkbox"/> <b>A = Academic</b> (K-12, Colleges/Universities, trade schools) <input type="checkbox"/> <b>C = Consumer</b> (Youth Groups, Military, Organizations, Religious Group, Park & Rec)
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<b>COMMENTS</b> _____ _____ _____	<b>ETHNIC ORIGIN INFORMATION</b>			<b>GENDER</b>	
	White		Black or African American		Male
	Hispanic or Latino		American Indian/Alaskan Native		Female
	Asian		Native Hawaiian or Pacific Islander		No Report

**Course Format:**  Full Course     Review     Challenge   
 **Certificates:**  Instructor will pick up     Send to the facility     Send to instructor     Issued on site

Courses	Lifeguarding <small>(Lifeguarding/First Aid Certificate &amp; CPR/AED for Lifeguards Certificate)</small>		Waterfront Lifeguarding <small>(Lifeguarding/Waterfront /First Aid Certificate &amp; CPR/AED for Lifeguards Certificate)</small>		Waterpark Lifeguarding <small>(Lifeguarding/Waterpark/ First Aid Certificate &amp; CPR/AED for Lifeguards Certificate)</small>		Shallow Water Attendant <small>(Shallow Water Attendant(up to 4ft)/First Aid Certificate &amp; CPR/AED for Lifeguards Certificate)</small>		CPR/AED for Lifeguards <small>(stand-alone course)</small>	Administering Emergency Oxygen	Bloodborne Pathogens Training: PDT	Lifeguard Management	Basic Water Rescue	Safety Training for Swim Coaches
	LG/FA	CPR/LG	LG/WF/FA	CPR/LG	LG/WP/FA	CPR/LG	SWA/FA	CPR/LG						
Number Enrolled														
Components	LG/FA	CPR/LG	LG/WF/FA	CPR/LG	LG/WP/FA	CPR/LG	SWA/FA	CPR/LG	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 _____
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American Red Cross Office Use Only				
LMS or CHERS Class #	Fees	Red Cross Branch	Date Received	Date Certificates Issued