

Please PRINT or TYPE all information

Age Groups Covered:  Adult  Adult and Child  Adult, Child, and Infant

Class Type:  Initial  Renewal  Challenge

Class Method:  Classroom  Blended

Class location \_\_\_\_\_

Class date(s) \_\_\_\_\_ Class Length \_\_\_\_\_

Primary Instructor \_\_\_\_\_ Registry No. \_\_\_\_\_  
First Name Last Name

Assistant Instructor \_\_\_\_\_ Registry No. \_\_\_\_\_  
First Name First Name

Students checked completed have met the minimal skill and knowledge objectives as defined by the Program Standard. This class was taught in accordance with the training center Standards as described in the most recent version of the Training Center Administrative Manual (TCAM).

Signature of Primary Instructor \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Topics** (check all covered in class)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CPR Feedback Devices                                | <input type="checkbox"/> Amputation                         | <input type="checkbox"/> Stinging Insects         |
| <input type="checkbox"/> High-Performance CPR                                | <input type="checkbox"/> Impaled Objects                    | <input type="checkbox"/> Snakebites               |
| <input type="checkbox"/> Administration of Naloxone with Prefilled Syringe   | <input type="checkbox"/> Open Chest Injury                  | <input type="checkbox"/> Spider Bites             |
| <input type="checkbox"/> Administration of Naloxone with Narcan Nasal Spray  | <input type="checkbox"/> Open Abdominal Injury              | <input type="checkbox"/> Tick Bites               |
| <input type="checkbox"/> Administration of Naloxone with Evzio Auto-Injector | <input type="checkbox"/> Splinting                          | <input type="checkbox"/> Marine Animal Stings     |
| <input type="checkbox"/> Secondary Assessment                                | <input type="checkbox"/> Using a Malleable Splint           | <input type="checkbox"/> Animal and Human Bites   |
| <input type="checkbox"/> Using a Tourniquet                                  | <input type="checkbox"/> Using a Gel-Soaked Burn Dressing   | <input type="checkbox"/> Emotional Considerations |
| <input type="checkbox"/> Using a Hemostatic Dressing                         | <input type="checkbox"/> Using an EpiPen Auto-Injector      |   |
|  | <input type="checkbox"/> Using an Epinephrine Auto-Injector |   |
|  | <input type="checkbox"/> Severe Abdominal Pain              |   |

*To be completed by training center*

Training Center ID \_\_\_\_\_

Date roster received \_\_\_\_\_

Date cards issued \_\_\_\_\_

Notes \_\_\_\_\_

Primary Instructor \_\_\_\_\_ Class date(s) \_\_\_\_\_

**Assistant Instructor Required**

	First Name	Last Name	Email	Telephone	Written Exam (Pass 75%)	Remediation Given	Completed
1						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
9						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
11						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
12						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
14						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
15						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
16						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
17						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
18						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
19						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
20						<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Primary Instructor \_\_\_\_\_ Class date(s) \_\_\_\_\_

	Last Name of Student	Removing Contaminated Gloves	Chest Compressions			Rescue Breaths			Caring for Cardiac Arrest*			Choking Infant Only	Primary Assessment — Responsive	Control of Bleeding
			A	C	I	A	C	I	A	C	I			
1		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A — Adult, C — Child, I — Infant

\* Includes primary assessment — unresponsive, CPR, and use of an AED as a single provider.

The students listed above have demonstrated competent performance, without assistance, of the skills I have checked off.

Signature of Primary Instructor \_\_\_\_\_