



**American
Red Cross**

Licensed Training Provider

Cover Sheet

Date of Course					Course Number	
Type of Class						
Organization <small>(Red Cross, ASHI, AHA)</small>					Renewal Date	
Total Attendance	Complete: Incomplete:				Company Name	
Time DATE:	START: END:				Client Contact Information	
Student / Manikin Ratio	1:1	2:1	3:1	4:1	City, State	

Instructor Information

	Name	Email
Instructor		
CO		
CO		



American Red Cross

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DATE:	Begin Time	End Time	Location:
JOB#		Course Type:	

Please Write Name Legibly as It Should Appear on Your Card

First and Last Name	Email	Phone#	C/IC

Instructor Name:	Instructor Signature:
Instructor ID:	Date:

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.