

# DAN Registration Form

*(Registration Form, Statement of Understanding, Exam Answer Sheet and Practical Evaluation Record are to be retained by the instructor for seven years)*

Course Location \_\_\_\_\_ Date \_\_\_\_\_

DAN Instructor \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ DAN Member # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

*(Agreement Between DAN Instructor and Student)*

**Student  
Initials**

\_\_\_\_\_ I am participating in the Divers Alert Network training program Basic Life Support: CPR and First Aid. Successful completion of this course prepares me to provide care in the event of a diving emergency.

\_\_\_\_\_ I further understand that my training prepares me to provide care in the event of an emergency consistent with accepted first-aid training guidelines.

\_\_\_\_\_ I further understand that it is required that I recertify my training every two years, as indicated on the provider course completion card.

\_\_\_\_\_ I further understand that emergency situations can be dangerous and that exposure to blood and bodily fluids can lead to potential illness. I understand that I can minimize the risk of disease transmission by using appropriate barrier devices and hereby agree to do so.

\_\_\_\_\_ In consideration of mutually beneficial and valuable covenants and services exchanged herein, the undersigned hereby waives any and all claims against his or her DAN Instructor as well as Divers Alert Network, whether grounded in personal injury, wrongful death, or damage to property arising from the teaching of this course by the undersigned DAN Instructor and further agrees to indemnify the DAN Instructor and/or DAN from any claims arising or caused by the undersigned's failure to follow said instruction or breach of any of the above items.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

DAN Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Required if student is under 18 years of age.)*

**Important:** This form is to be completed and signed by the student and returned to the DAN Instructor prior to completion of the Basic Life Support: CPR and First Aid course and certification. A copy of this document can be obtained from your DAN Instructor and is paraphrased on your provider card.

*(To be retained by the DAN Instructor)*

# Basic Life Support: CPR and First Aid Exam Answer Sheet

The final assessment may be administered in written or oral form. The instructor must review every question with each student to ensure 100 percent comprehension of the materials. Questions have only one correct answer.

A B C D	A B C D	A B C D	A B C D	A B C D
1 <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"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <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"/>	9 <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"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <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"/>	10 <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"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <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"/>	11 <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"/>	25 T <input type="checkbox"/> F <input type="checkbox"/>	32 T <input type="checkbox"/> F <input type="checkbox"/>
5 T <input type="checkbox"/> F <input type="checkbox"/>	12 <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"/>	26 T <input type="checkbox"/> F <input type="checkbox"/>	33 T <input type="checkbox"/> F <input type="checkbox"/>
6 T <input type="checkbox"/> F <input type="checkbox"/>	13 <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"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34 <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"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 T <input type="checkbox"/> F <input type="checkbox"/>	35 T <input type="checkbox"/> F <input type="checkbox"/>

I have reviewed this assessment with the course instructor, and I understand the correct response as indicated by my initials. Any questions regarding this assessment and the contents of this course have been answered to my satisfaction.

Name \_\_\_\_\_ Date \_\_\_\_\_ Test Score \_\_\_\_\_

## Basic Life Support: CPR and First Aid Practical Evaluation Record

<b>BLS: CPR and First Aid Skills Development</b>	<b>Instructor Initials</b>	<b>Student Initials</b>
• Scene Safety Assessment	_____	_____
• Donning and Doffing Gloves	_____	_____
• Initial Assessment	_____	_____
• Recovery Position	_____	_____
• Chest Compressions	_____	_____
• Ventilations	_____	_____
• Full Cardiopulmonary Resuscitation (CPR)	_____	_____
• Automated External Defibrillator (AED)	_____	_____
• Foreign-Body Airway Obstruction	_____	_____
• Secondary Assessment	_____	_____
• Control of External Bleeding	_____	_____
• Tourniquet	_____	_____
• Splinting	_____	_____
• F-A-S-T Assessment	_____	_____
• History	_____	_____
• Shock Management	_____	_____
• Severe Allergic Reaction or Opioid Overdose	_____	_____

I am comfortable with the performance of my skills as a DAN BLS:CPR and First Aid Provider. I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_