

GWRRA ADULT FIRST AID | CPR AED CLASS ROSTER



Class Type (check one)	Class Format	Delivery Method
Adult First Aid Adult CPR AED	Initial	Traditional Classroom
Adult First Aid Adult, Child, and Infant CPR AED	Renewal	Blended Learning, Online & Classroom
Adult First Aid Adult and Child CPR AED	Challenge	Blended Learning, Online & RSV
Adult First Aid Adult and Infant CPR AED		
Adult First Aid		
Adult, Child, and Infant CPR AED		
Adult and Child CPR AED		
Adult and Infant CPR AED		
Adult CPR AED		

Instructor & Training Center (TC) Information	
Primary Instructor:	TCID#:
Primary Instructor Registry #:	Address:
Primary Instructor Authorization Exp. Date:	City, State:
TC Name:	Class Location:

Class Information	
Class Start Date:	# of Certification Cards Issued:
Class End Date:	Issue Date of Certification Cards:
Total Hours of Instruction:	Student to Manikin Ratio:

Assisting Instructors					
Instructor Name	Registry #	Author. Expiration Date	Instructor Name	Registry #	Author. Expiration Date

Students checked “complete” on the following page(s) successfully completed the required lessons and Performance Evaluations for the Class Type indicated above. This class was taught in accordance with the Training Center Standards as described in the most recent version of the HSI Training Center Administrative Manual (TCAM).

Primary Instructor Signature: _____ Date: _____



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Class Participants				Complete?	Remediation Date
#	Student Info (Please Print Clearly)				
1	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
2	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
3	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
4	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
5	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
6	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
7	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
8	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
9	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			
10	Participant Name & GWRRA Number:	Mailing Address:			
	Email:	Phone:			

Complete both Pages. Send ORIGINAL to HSI Area Coordinator or Director (if no Coordinator), who will retain the ORIGINAL and mail a copy to Laurel Kuehl, 238 Laurel Dr. Valparaiso, IN. 46383 or email to mfaasstdir@gmail.com
 Revised May 1st 2022

