

COURSE NAME AND CODE _____	FOR DISASTER SERVICES AND AFES COURSES ONLY
NAME OF INSTRUCTOR _____	SPONSORING RED CROSS UNIT _____
NAME OF CO-INSTRUCTOR _____	CITY AND STATE WHERE COURSE WAS HELD _____
DATE COURSE BEGAN _____ DATE COURSE ENDED _____	INSTRUCTOR'S SIGNATURE OR ID NUMBER _____
	CO-INSTRUCTOR SIGNATURE OR ID NUMBER _____

COMPONENTS						NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS AND STUDENT ID	INSTRUCTOR COMMENTS	DSHR
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
ENROLLED						LAST	STREET	()			<input type="checkbox"/>
GRADE						FIRST	CITY, STATE, ZIP				<input type="checkbox"/>
						TOTAL ENROLLED (Add each column)	For information on components codes and which certificate(s) each participant receives, please contact your local American Red Cross unit.				
						TOTAL PASSED (Add each column)					