

Please PRINT or TYPE all information

Class Type:  Initial  Renewal  Challenge

Class Method:  Classroom  Blended

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

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

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

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

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"/> Secondary Assessment        | <input type="checkbox"/> Splinting                          | <input type="checkbox"/> Snakebites               |
| <input type="checkbox"/> Using a Tourniquet          | <input type="checkbox"/> Using a Malleable Splint           | <input type="checkbox"/> Spider Bites             |
| <input type="checkbox"/> Using a Hemostatic Dressing | <input type="checkbox"/> Using a Gel-Soaked Burn Dressing   | <input type="checkbox"/> Tick Bites               |
| <input type="checkbox"/> Amputation                  | <input type="checkbox"/> Using an EpiPen Auto-Injector      | <input type="checkbox"/> Marine Animal Stings     |
| <input type="checkbox"/> Impaled Objects             | <input type="checkbox"/> Using an Epinephrine Auto-Injector | <input type="checkbox"/> Animal and Human Bites   |
| <input type="checkbox"/> Open Chest Injury           | <input type="checkbox"/> Severe Abdominal Pain              | <input type="checkbox"/> Emotional Considerations |
| <input type="checkbox"/> Open Abdominal Injury       | <input type="checkbox"/> Stinging Insects                   |   |

*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 72%)	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	Primary Assessment — Responsive	Control of Bleeding
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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