



39741

Complete this form:
- For each volunteer's initial training



Volunteer Training (Initial)

page12

Page of pagtot12

1. Date of Session: **date12**

/ /
(month) (day) (year)

time12
Start Time (24 hr clock)

:
(hours) (minutes)

Trainer Acroscopic:

1st letter of first name plus 1st 3 letters of last name **tracro12**

2. a) Class Type: **type12**

1 AED & CPR training
2 CPR training only

b) Training Course Used: **course12**

1 Heartsaver Course
2 Other Course

c) Materials Used:

of Manikins: # of AEDs:
nmanik12 naed12

3. Class Information:

of Trainers: **ntrner12**
of Total Trainees: **ntrnee12**
(volunteers + auditors)
of Auditors: **naudit12**
(subset of total above)

tmprep12 (hours) (minutes)
Pre/Post Class Prep: :
(all instructors)
Travel Time: :
(all instructors) **tmtrav12**

Class Length (hours) (minutes)
PAD Study Issues: : **tmstdy12**
DNAR Issues: : **tmdnar12**
Video/Lecture/Instructor Demo: : **tminst12**
Total Practice: : **tmprac12**

short12 Was class streamlined/shortened due to advanced competency of volunteers?
 Yes No
1 0

4. Training Outcome: (Include all volunteers attending the session - Do **not** include auditors).

OK to write name; then cover with ID label

Consult the CPR/AED Performance Guidelines

tmtrav14
Travel Time (round trip)

Volunteer ID:

Acroscopic:

Passed Passed/needed extra help Failed

Enter 0 if training at work site

Volunteer ID	Acroscopic	Passed	Passed/needed extra help	Failed	Travel Time (hours)	Travel Time (minutes)
valid14	volnum14	volacr14	1	2	0	
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

code12

For CTC Use Only

Yes No

Signature of Coordinator or Trainer
Mail or FAX 1-888-437-4767

Code Number (if Coordinator)