

ANNOUNCEMENT:

The Erie County Chapter of the American Red Cross will conduct a *First Aid/CPR/AED for the Workplace Instructor Course* on the following dates:

Tuesday, October 06	8:30 to 5:00
Thursday, October 08	8:30 to 5:00
Friday, October 09	8:30 to 5:00

The *First Aid/CPR/AED for the Workplace Instructor Course* will train instructor candidates to teach basic-level Red Cross First Aid, CPR and AED courses for the lay responder. At the basic course level, this training will authorize instructors to teach one-rescuer Adult, Child and Infant CPR, workplace-specific first aid, advanced first aid, and bloodborne pathogen training. As part of the instructor course, instructor candidates will receive certification in *Standard First Aid with CPR/AED – Adult plus Child and Infant CPR*.

For those organizations who want to teach *CPR/AED for the Professional Rescuer*, I will be happy to update your staff to that level at no extra charge except for materials (\$35).

ATTENDANCE AT ALL SESSIONS IS REQUIRED.

Certification will be issued when the following is accomplished:

1. Pertinent first aid and CPR skills have been performed satisfactorily
2. Teaching skills have been practiced
3. Written exams have been passed with a score of 80% or better
4. All sessions have been attended

If interested, please fill out the enclosed *Instructor Candidate Registration Form* and the *Application to Teach Health Services Courses* for each candidate and return with your payment **NO LATER THAN Friday, September 25**. Please call 833-0942 extension 244 if you have any questions.

Sincerely,

Timothy L. Zarnick

Timothy L. Zarnick
Director, Health & Safety Services

Instructor Candidate Registration Form

American Red Cross
Erie County Chapter
ATTN: Health and Safety Services
4961 Pittsburgh Avenue
Erie PA 16509-6206

First Aid/CPR/AED for the Workplace Instructor Course
October 06, 08, & 09

INSTRUCTOR CANDIDATE'S NAME: _____
(please print)

ADDRESS: _____

DAYTIME PHONE: _____

SPONSORING EMPLOYER (if applicable): _____

Yes No Will also need *CPR/AED for the Professional Rescuer*

COST: \$150 for single employee

SPECIAL: \$125 (each) for two or more employees

\$35 for CPR/AED for the Professional Rescuer materials

Payment Method:

Check #: _____ Amount: \$ _____

MasterCard or VISA (circle one) Expiration Date: _____

Cardholder's Name: _____

Card Number: _____

APPENDIX B

APPLICATION TO TEACH HEALTH SERVICES COURSES

The purpose of this form is to provide background information. The form should be completed before the first meeting of the Fundamentals of Instructor Training course and any instructor specialty course.

(Please type or print)

1. Personal Information

I am applying for authorization to teach _____
(name of course)

Name _____

Home Address _____
(number and street)

_____ (city) _____ (state) _____ (ZIP Code)

() _____ Cell Phone #: () _____
(area code) (home telephone number) (area code)

Email address: _____ Date of birth (optional) _____

Employer _____
(name)

_____ (city) _____ (state) _____ (ZIP Code)

() _____ Work email address: _____
(area code) (business telephone number)

2. Education

	<u>Name of School</u>	<u>City, State</u>	<u>Dates</u>	<u>Diploma/Degree</u>
Secondary	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Continuing education obtained within the last two years that pertains to the course you wish to teach:

3. Experience

(Check one) Have you had teaching experience? Yes No

If yes, please complete the following:

Name of organization _____

Address _____
(number, street, city, state, ZIP code)

Nature and date of teaching experience _____

(Please continue to back side of this form)

(Check one) Have you had related work experience? Yes No

