



## G2015 BasicPlus CPR, AED, and First Aid For Adults

Initial Course  GWRRA District \_\_\_\_\_ Chapter \_\_\_\_\_

Course location \_\_\_\_\_

Instructional Hours \_\_\_\_\_ Course date \_\_\_\_\_

Primary Facilitator \_\_\_\_\_ Registry # \_\_\_\_\_ GWRRA # \_\_\_\_\_  
Last Name First Name

Secondary Facilitator \_\_\_\_\_ Registry # \_\_\_\_\_ GWRRA # \_\_\_\_\_  
Last Name First Name

Third Facilitator \_\_\_\_\_ Registry # \_\_\_\_\_ GWRRA # \_\_\_\_\_  
Last Name First Name

Fourth Facilitator \_\_\_\_\_ Registry # \_\_\_\_\_ GWRRA # \_\_\_\_\_  
Last Name First Name

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 current version of the Training Center Administrative Manual (TCAM)

Signature of Primary Facilitator \_\_\_\_\_ Signature of Secondary Facilitator \_\_\_\_\_

Signature of Third Facilitator \_\_\_\_\_ Signature of Fourth Facilitator \_\_\_\_\_

### SUPPLEMENTAL TOPICS (CHECK ALL COVERED IN CLASS)

- CPR feedback devices     High Performance CPR     Secondary Assessment     Amputation     Impaled Objects     Open Chest Injury
- Open Abdominal Injury     Splinting     Using EPI Pen Auto-Injector     Severe Abdominal Pain     Stinging Insects
- Snakebites     Spider Bites     Tick Bites     Marine Animal Stings     Human and Animal Bites     Emotional Considerations

### TO BE COMPLETED BY THE TRAINING CENTER

Training Center ID \_\_\_\_\_ Date Received \_\_\_\_\_ Date cards issued \_\_\_\_\_

Complete both pages. Send **ORIGINAL** to MEDIC FIRST AID ® Area Coordinator or District Educator (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**