



N. 20 page 1 GWRRR MEDIC FIRST AID ® TRAINING PROGRAMS
 GOLD WING ROAD RIDERS ASSOCIATION, INC. RIDER EDUCATION PROGRAM
 MEDIC FIRST AID ® TRAINING PROGRAMS



G2015 BasicPlus CPR, AED, and First Aid For Adults

Initial Course GWRRR Region _____ District _____ Chapter _____

Course location _____

Instructional Hours _____ Course date _____

Primary Facilitator _____ Registry # _____ GWRRR # _____
Last Name First Name

Secondary Facilitator _____ Registry # _____ GWRRR # _____
Last Name First Name

Third Facilitator _____ Registry # _____ GWRRR # _____
Last Name First Name

Fourth Facilitator _____ Registry # _____ GWRRR # _____
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® Region Coordinator or Region Educator, who will retain the **ORIGINAL** and mail a copy to **LYDIA BOURG 935 ELDRIDGE ROAD #355 SUGAR LAND, TEXAS 77478** or email to **lbourg@omsi.net**