

CHAPTER INFORMATION [Chapter Contact] _____ [Chapter Name] _____ American Red Cross [Street Address] _____ [City, State, ZIP Code] _____ E-mail Address _____ Fax Number _____	Send this completed form to the address on the left or the e-mail address or fax number below.	INSTRUCTOR INFORMATION Instructor Name _____ Instructor Address _____ Street Address _____ City, State, ZIP Code _____ Instructor Phone Number _____ Instructor ID No. or Signature Instructor's Unit of Authorization (If different than Chapter Information) _____ Check here if new address or phone number for instructor <input type="checkbox"/>
--	---	---

AUTHORIZED PROVIDER INFORMATION		
Authorized Provider Name _____		Facility Address _____
Facility Name _____	Facility Phone _____	City, State, ZIP Code _____

COURSE INFORMATION – Provide the information requested below for each course taught.
By submitting this form, the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. Use one row per course														LMS Schedule Instance Number							
(HSAQU201)Parent and Child Aquatics Level 1	Parent and Child Aquatics Level 2 (HSAQU202)	Level 1 (HSAQU203) Preschool Aquatics	Level 2 (HSAQU204) Preschool Aquatics	Level 3 (HSAQU205) Preschool Aquatics	Learn-to-Swim					Personal Water Safety (HSAQU211)	Fundamentals of Diving (HSAQU212)	Fitness Swimmer (HSAQU213)	Basic Water Rescue (HSAQU302)		Personal Water Safety (HSAQU304)	Number Enrolled	Number Passed	Start Date	Completion Date	Name of Co-Instructor or Instructor Aide (If Aide, place an "A" next to the name.)	
					Level 1 (HSAQU206)	Level 2 (HSAQU207)	Level 3 (HSAQU208)	Level 4 (HSAQU209)	Level 5 (HSAQU210)												Level 6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
For Red Cross Use Only				Red Cross Branch				Chapter		Date		Date Recorded			Person Entering/Recording Data			Auth Provider ID No	

February 2009