

DHS APPROVED CBRF TRAINING CLASS ROSTER

GENERAL INSTRUCTIONS:

The purpose of this roster is to collect information on participants who successfully complete a required CBRF training for Fire Safety, Medication Administration or Standard Precautions. This roster may be used for First Aid and Choking classes, provided that the appropriate paperwork is submitted to the American Red Cross. Names of participants will be added to a public access registry available to providers, state survey staff and other interested parties. This registry will be the only approved verification of courses completed after April 1, 2010.

Instructors must use the standardized curriculum provided by UW Oshkosh CCDET. Only department-approved instructors are authorized to conduct training. All instructors involved in the training must be listed on the roster at the time of submission.

A non-refundable fee of \$15.00 for each participant who successfully completes the training must be submitted with the roster. Make checks or money orders payable to UW Oshkosh. One check or money order may be submitted for all successful participants. Multiple checks and/or money orders will also be accepted.

PRIOR TO THE TRAINING:

- Save an electronic copy of the blank roster in order to make multiple copies as needed. Enter all available information prior to printing the roster. Entering information electronically when possible will improve legibility and decrease errors.
- Print the roster.

AT THE TRAINING:

- Confirm/complete any missing participant information. Please print clearly.
- Assure participants that contact information, month and year of birth and the last 4 digits of their SSN will **not** be published on the registry. This information is gathered to confirm identity and to allow UW Oshkosh CCDET to contact the participant if necessary.
- If a participant does not successfully complete the training, fails the test, or does not attend, draw a line through that person's name on the roster.

SUBMITTING CLASS ROSTER AND PAYMENT FOR TRAINING:

- Use 1 roster form per topic. Multiple topics on one form will not be accepted.
- Fill in the payment information on the bottom/center of the first page of the roster.
- Sign the roster, signifying that all the participants listed on the roster, whose names are not crossed off, have successfully completed the training and passed the test.
- Indicate the number of the roster page in the upper right hand corner of each page.
- Submit the completed class roster to UW Oshkosh within 10 business days of course completion. The roster and fee must be submitted together, by the instructor.

FINAL CHECK LIST:

- Maintain copies of class rosters and test results for at least 2 years from the date of the training.
- Indicate the class title on the top of the roster and enclose all pages of the completed class roster.
- Enclose payment for the number of participants in your training. If multiple forms of payment are submitted, include the name(s) of the participant(s) on each check or money order.
- Mail the completed roster and payment to:
UW Oshkosh CBRF
CCDET
800 Algoma Blvd.
Oshkosh, WI 54901-8688

For questions, e-mail: CBRFtrng@uwosh.edu



DHS APPROVED CLASS ROSTER: CBRF TRAINING

CLASS TITLE

Fire Safety
 Medication Administration
 Standard Precautions
 First Aid & Choking

INSTRUCTOR & TRAINING INFORMATION

Instructor's Last Name	Instructor's First Name	M.I.	Instructor Approval #
Instructor's E-mail Address			
Co-Instructor's Last Name	Co-Instructor's First Name	M.I.	Co-Instructor's Approval#
Training Site Name	Start Date	End Date	Class Start Time
Street Address			
City	State	Zip Code	County

PARTICIPANT INFORMATION

Last Name	First Name	M.I.	Last 4 Digits of SSN
Birth date (MM/YYYY)	Phone#	E-mail Address	
Last Name	First Name	M.I.	Last 4 Digits of SSN
Birth date (MM/YYYY)	Phone#	E-mail Address	
Last Name	First Name	M.I.	Last 4 Digits of SSN
Birth date (MM/YYYY)	Phone#	E-mail Address	
Last Name	First Name	M.I.	Last 4 Digits of SSN
Birth date (MM/YYYY)	Phone#	E-mail Address	
Last Name	First Name	M.I.	Last 4 Digits of SSN
Birth date (MM/YYYY)	Phone#	E-mail Address	

Total Number of Participants: ___ x \$15.00 = \$ ___ enclosed

I affirm that all of the students listed on this roster, whose names are not crossed off, have successfully completed this training.

Signature _____ Date _____