

American Red Cross

HIV/AIDS Education Instructor Activity Report

This form can only be used with the courses/presentations listed below.

CHAPTER INFORMATION Monique Talbott Central Maryland Chapter American Red Cross 4700 Mount Hope Drive Baltimore, Maryland 21215 mtalbott@arc-cmc.org Fax Number 410-764-7779	INSTRUCTOR INFORMATION Instructor Name _____ Instructor Address _____ Street Address _____ _____ City, State Zip Code _____ Instructor Telephone No. (A/C) [Phone Number] _____ Instructor ID No. _____ Instructor's Chapter of Authorization _____ Check here if new address or phone number. <input type="checkbox"/>
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AUTHORIZED PROVIDER INFORMATION Authorized Provider Name _____ Authorized Provider ID No. _____	CO-INSTRUCTOR INFORMATION Instructor Name _____ Instructor Address _____ Street Address _____ _____ City, State Zip Code _____ Instructor Telephone No. (A/C) [Phone Number] _____ Instructor ID No. _____ Instructor's Chapter of Authorization _____ Check here if new address or phone number. <input type="checkbox"/>
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TRAINING SITE INFORMATION
Organization Name _____ City, State Zip Code _____

Below provide the information requested for the course or presentation conducted. By submitting this form, the instructor acknowledges that the course or presentation was conducted according to American Red Cross standards.

COURSE/COMMUNITY SESSION INFORMATION

Check the presentation offered. <input type="checkbox"/> Workplace HIV/AIDS Presentation (3501) <input type="checkbox"/> HIV/AIDS Basic Fundamentals Community Session (3513) <input type="checkbox"/> HIV/AIDS Basic Prevention Skills (3514) <input type="checkbox"/> Hispanic HIV/AIDS Fundamentals Community Session (3515) <input type="checkbox"/> African American HIV/AIDS Fundamentals Community Session (3517) <input type="checkbox"/> Act SMART Module I (3519) <input type="checkbox"/> Act SMART Module II (3520) <input type="checkbox"/> Act SMART Module III (3521)	START DATE END DATE NUMBER ENROLLED	ETHNIC ORIGIN INFORMATION OF PARTICIPANTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">White</td> <td style="width:25%;"></td> <td style="width:25%;">Asian/Pacific Islander</td> <td style="width:25%;"></td> </tr> <tr> <td>Black</td> <td></td> <td>American Indian/ Alaska Native</td> <td></td> </tr> <tr> <td>Hispanic</td> <td></td> <td>Did Not Report</td> <td></td> </tr> <tr> <td>Gender</td> <td>Male</td> <td></td> <td>Female</td> </tr> </table>	White		Asian/Pacific Islander		Black		American Indian/ Alaska Native		Hispanic		Did Not Report		Gender	Male		Female
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Black		American Indian/ Alaska Native																
Hispanic		Did Not Report																
Gender	Male		Female															
COURSE/COMMUNITY SESSION DEMOGRAPHICS Check the box that best describes the setting in which the course/community session was conducted. Check only one Youth: <input type="checkbox"/> School K-12 <input type="checkbox"/> College/University <input type="checkbox"/> Other Adults: <input type="checkbox"/> Community <input type="checkbox"/> Workplace		<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">For Red Cross Use Only</td> </tr> <tr> <td style="width:50%;">Red Cross Branch</td> <td style="width:50%;"></td> </tr> <tr> <td>Date Received</td> <td style="text-align: center;">Chapter Use</td> </tr> <tr> <td>Date Recorded</td> <td></td> </tr> <tr> <td>Recorded by</td> <td></td> </tr> </table>	For Red Cross Use Only		Red Cross Branch		Date Received	Chapter Use	Date Recorded		Recorded by							
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