Ohio District Request for Medic First Aid© Class

To request a Medic First Aid Class for your Chapter or Section you must complete this form. Please complete all requested information.

Section: _____ Chapter(s): _____

Requesting Officer _____ Position : _____

Location of Class: _____

Address of Class: _____

City & Zip: _____

**The G2015 "Care Plus 8.0" is a recertification class.

Prerequisite: Participants must have had hands on CPR/FA training within the past 2 years plus 30 days.

Type of Class Requested: ☐ Basic Plus 8.0 ☐ Care Plus 8.0 (Recertification)**

Number of Students Expected **A minimum of 6 students is required to hold the class**

Requested Date(s): 1st Choice _____

2nd Choice _____

3rd Choice _____

It is the responsibility of the requesting Section/Chapter to provide a suitable location for the class. Location must be large enough to accommodate the expected number of students and have ample floor space for small group practice sessions. **THE REQUESTING SECTION OR CHAPTER MUST PROVIDE A TV AND DVD PLAYER (NOT VCR) TO PLAY THE NECESSARY TRAINING MATERIALS. TV AND DVD CONNECTIONS MUST BE CHECKED IN ADVANCE OF CLASS!** Times for the class and arrangements for lunch (brown bag recommended) should be discussed with the appointed instructor(s) prior to the class. Students should wear comfortable clothing and be prepared to work in small groups on the floor to practice the techniques taught. Any physical limitations should be brought to the instructor's attention prior to class. The Basic Plus program will last approx. 6 hours. The Care Plus recertification class will last approx. 4 hours. Participants must be **CURRENT GWRRA members (or their immediate family).**

- **100% participation is required to receive a completion card**
- **Non-refundable tuition for classes must be prepaid (checks payable to GWRRA of Ohio – No cash, please) and sent to the District Coordinator no later than 2 weeks before the scheduled class date**

MAIL OR SCAN COMPLETED FORM TO:

LINDA COPELAND
OHIO DISTRICT CPR/FA COORDINATOR
5278 STATE ROUTE 29 EAST
SIDNEY, OHIO 45365
lkcopeland@earthlink.net 937-498-1651

For Coordinator use only

Approved by: _____ Date rec'd: _____

Date of class: _____

Assigned Instructors: 1. _____ 2. _____