

# INSTRUCTIONS FOR FILLING OUT CHILD CARE TRAINING ROSTER

**Date of Training:** Date the training was given (month, day, year).

**Location of Training:** The place where the training was given such as ABC Preschool or ABC Church.

**Name of County where class was held:** This is the name of the county where the training was given, e.g. Sacramento County or Los Angeles County.

**Was training provided/interpreted in another language? If yes, which language:** The name of the language the training was given in if other than English e.g. Spanish, Chinese, etc.

**Type of Class:** Check the box for the type of training given to students listed on roster. If you are giving one or more training courses please check all the boxes that pertain to the type of courses you are giving. Under the course type list the total number of hours of training for each course, e.g. if you taught a 4 hour pediatric first aid class you would list 4 hours under the course name.

**Roster Columns: (Please print legibly or type. Please ensure these columns are filled out completely). We are looking for contact information for each individual student.**

**1<sup>st</sup> Column:** First Name and Middle Initial of Student.

**2<sup>nd</sup> Column:** Last name of Student.

**3<sup>rd</sup> Column:** House number, Street Name, Apt. number or Suite number, City and Zip Code for each student.

**4<sup>th</sup> Column:** Telephone number with area code for each student.

**5<sup>th</sup> Column:** Type of training: (I) for Initial (first time training) or (R) for Renewal.

**6<sup>th</sup> Column:** Number on First Aid Sticker issued to Student.

**7<sup>th</sup> Column:** Number on CPR Sticker issued to Student.

**8<sup>th</sup> Column:** Number on Preventive Health Sticker issued to Student.

**Training Program Name:** This is the name of your business, such as XYZ First Aid and CPR Training.

**Phone:** Your business telephone number with area code.

**Fax:** Your business fax number with area code.

**Training Program You Are Affiliated With:** The name of the program that you are affiliated with, e.g. AMERICAN SAFETY & HEALTH INSTITUTE, EMS SAFETY SERVICES, Inc., MEDIC FIRST AID, etc.

**Signature of Course Instructor:** Signature of Primary Instructor who is giving the training course.

**Program Director's Name:** The name of the Director of your training program.

**Comments:** Two lines for comments about the training provided, such as "not all students needed or were issued stickers."

**Date of Training:** \_\_\_\_\_ **Location of Training:** \_\_\_\_\_



**Name of county where class was held:** \_\_\_\_\_ **Was training provided/interpreted in another language? If yes, which language:** \_\_\_\_\_

EMSA Approved Pediatric First Aid  
 No. of Course Hours \_\_\_\_\_

EMSA Approved Pediatric CPR  
 No. of Course Hours \_\_\_\_\_

EMSA Approved Preventive Health & Safety  
 No. of Course Hours \_\_\_\_\_

**Please print clearly. Form must be completed.**

First Name, Middle Initial	Last Name	Address, City & Zip Code (Home or Business)	Area Code & Telephone (Home or Business)	Initial or Renewal Trng.	First Aid Sticker #	CPR Sticker #	Prev. Health Sticker #
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**This course was taught in accordance with the State of California Emergency Medical Services Authority Regulations. This form shall be submitted to the EMS Authority within 30 days of course completion**

**Training Program Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
 (Your Training Program Name, not Affiliated Program Name)

**Training Program You Are Affiliated With** \_\_\_\_\_

**Signature of Course Instructor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Director's Name** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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