

DAN Registration Form

(Registration Form, Statement of Understanding, Exam Answer Sheet and Practical Evaluation Record are to be retained by the instructor for seven years)

Course Location _____ Date _____

DAN Instructor _____

PERSONAL INFORMATION

Name _____ DOB _____ DAN Member # _____

Address _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Work Phone (_____) _____ Fax Phone (_____) _____

Email Address _____

STATEMENT OF UNDERSTANDING

(Agreement Between DAN Instructor and Student)

**Student
Initials**

_____ I am participating in the Divers Alert Network training program Basic Life Support: CPR and First Aid. Successful completion of this course prepares me to provide care in the event of a diving emergency.

_____ I further understand that my training prepares me to provide care in the event of an emergency consistent with accepted first-aid training guidelines.

_____ I further understand that it is required that I recertify my training every two years, as indicated on the provider course completion card.

_____ I further understand that emergency situations can be dangerous and that exposure to blood and bodily fluids can lead to potential illness. I understand that I can minimize the risk of disease transmission by using appropriate barrier devices and hereby agree to do so.

_____ In consideration of mutually beneficial and valuable covenants and services exchanged herein, the undersigned hereby waives any and all claims against his or her DAN Instructor as well as Divers Alert Network, whether grounded in personal injury, wrongful death, or damage to property arising from the teaching of this course by the undersigned DAN Instructor and further agrees to indemnify the DAN Instructor and/or DAN from any claims arising or caused by the undersigned's failure to follow said instruction or breach of any of the above items.

Student Signature _____ Date _____

DAN Instructor Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if student is under 18 years of age.)

Important: This form is to be completed and signed by the student and returned to the DAN Instructor prior to completion of the Basic Life Support: CPR and First Aid course and certification. A copy of this document can be obtained from your DAN Instructor and is paraphrased on your provider card.

(To be retained by the DAN Instructor)

Basic Life Support: CPR and First Aid
Exam Answer Sheet

The final assessment may be administered in written or oral form. The instructor must review every question with each student to ensure 100 percent comprehension of the materials. Questions have only one correct answer.

Grid of 35 multiple-choice questions (1-35) with options A, B, C, D and True/False (T/F) bubbles.

I have reviewed this assessment with the course instructor, and I understand the correct response as indicated by my initials. Any questions regarding this assessment and the contents of this course have been answered to my satisfaction.

Name _____ Date _____ Test Score _____

Basic Life Support: CPR and First Aid Practical Evaluation Record

Table with 3 columns: BLS: CPR and First Aid Skills Development, Instructor Initials, Student Initials. Rows include: Scene Safety Assessment, Donning and Doffing Gloves, Initial Assessment, Recovery Position, Chest Compressions, Ventilations, Full Cardiopulmonary Resuscitation (CPR), Automated External Defibrillator (AED), Foreign-Body Airway Obstruction, Secondary Assessment, Control of External Bleeding, Tourniquet, Splinting, F-A-S-T Assessment, History, Shock Management, Severe Allergic Reaction or Opioid Overdose.

I am comfortable with the performance of my skills as a DAN BLS:CPR and First Aid Provider. I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature _____ Date _____