Bystander CPR Registry

Please answer the following questions to the best of your ability. Your information is confidential and will only be reported in aggregate.

What type of CPR training are you registering?

- [ ] A certification class
- [ ] Bystander CPR

This is the page that you will see when clicking on the link. This page will identify the type of training. If not bystander CPR training it sends you to an exit page. Certification courses should be recorded with your training center.
Names are on a drop down menu or can be added.

Date is a drop down menu.

You may select multiple answers for the type of training and group affiliations.

Click next each time to advance.

Next screen shows a filled out form.
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Please select your name from the drop down menu. If your name is not listed select Not listed.

Kim Harkins

Please select the date of the training.

Date of training: January 1, 2012

This training included which of the following? Check all that apply.

- Compression only CPR
- CPR anytime
- Train the trainer
- AED training

Please select any groups that you were affiliated with during this training. Check all that apply.

- Minnesota SCA Survivor Network
- Lakeville Heart Restart
- Farmington Heart Restart
- Dakota County Heart Restart
- Take Heart Minnesota
- American Heart Association
- American Red Cross
- MN Sudden Cardiac Arrest Survivors Network
- MN Resuscitation Consortium
- Heart Safe Communities of Allina
- Heart Safe Communities of North
- Heart Safe Communities of HCMC
- Other, please specify
3rd Page:

Enter number of participants trained

If you answer ‘yes’ to previous training, another box will appear asking you how many.

Additional comments can be anything from group type to other details.

If you answer ‘yes’ to other trainers a box will appear to list them.

The county is a drop down menu.

Give the specific location of the course, including city.

Click the finish key at bottom to register your training.
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Overall, how many people were trained in Bystander CPR?
1

Had anyone attended a previous CPR training?
- Yes
- No
- I did not ask.

Please provide us with any additional comments:
- mall training – no formal time to ask

Were there any other trainers present?
- Yes
- No

How many?
1

Enter your Co-trainer(s) full name(s):
- Gene Johnson

Please select the county where the training was held:
- Hennepin County

Please provide us with any additional information regarding the location of this training:
- Bob’s FAKE coffee shop
EVERYONE COUNTS!!!

Bystander CPR Registry

Thank you for registering this training!

For information about the Minnesota Resuscitation Consortium check out our website:

www.mrc.umn.edu

Thanks for helping us track bystander training in MN!!!!